# Lectures

ON THE

## DIAGNOSIS AND TREATMENT

OF THE VARIOUS FORMS OF

## PARALYTIC, CONVULSIVE, AND MENTAL AFFECTIONS,

### CONSIDERED AS EFFECTS OF MORBID ALTERATIONS OF THE BLOOD, OR OF THE BRAIN OR OTHER ORGANS.

BEING A COMBINATION OF THE

*Gulstonian Lectures, delivered at the Royal College of Physicians of London in February*, 1861,

AND OF

*Clinical Lectures delivered at the National Hospital for the Paralysed and Epileptic*,

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### LECTURE III.—PART I.

#### DIAGNOSIS OF HÆMORRHAGE IN THE CEREBELLUM.

*The functions of the cerebellum are almost entirely unknown—Premonitory symptoms of hæmorrhage in the cerebellum—Coma—Hemiplegia—Facial paralysis—Loss of facial expression—Deviation of the tongue—Loss of speech—State of the pupils—Anæsthesia, hyperæsthesia—Alterations of sight and hearing—Convulsions—Erection of the penis—Vomiting—Pulse—Breathing.*

GENTLEMEN,—In the two preceding lectures I have given an outline of the views I hold concerning the mode by which symptoms originate in cases of disease of the brain. You will remember that symptoms may be generated in two distinct ways: 1st, as a consequence of the loss of the function of the part altered, or of the neighbouring parts, if there is pressure; 2nd, as a consequence of an irritation of either the altered part or of parts round it. In other words, symptoms of brain disease, as well as symptoms of diseases of the spinal cord or of nerves, originate either from an *absence* or *cessation of function*, or from an *increased* or *morbid action*, owing to an *irritation*. In this and in the succeeding lectures, I will apply this division of symptoms to the study of the diseases of the cerebellum.

If we knew what are the functions of the cerebellum, it would be easy to find out, *à priori*, what are the symptoms of its diseases; but, as will be shown hereafter, only one of the functions of the cerebellum is known (I mean, known to me), and this organ does not possess the various functions which Gall, M. Flourens, Professor Carpenter, and others have attributed to it. Instead, therefore, of tracing the history of the symptoms of disease of the cerebellum from a knowledge of the functions of this organ, I will give an outline of these symptoms as they are observed at the bed-side, and according to their relation with anatomical alterations detected by autopsies, and then I will show what is the mode of origin of these symptoms. I begin by the history of the hæmorrhage in the cerebellum. In succeeding lectures, I will discuss the diagnosis of the other diseases of that nervous centre.

Before entering into the exposition of the symptoms of the cerebellar apoplexy, I must say that it is most important to find out what is the seat of a hæmorrhage in the various parts of the encephalon, as the prognosis varies extremely according to that seat. The cerebellar apoplexy is much more dangerous than the cerebral apoplexy (excepting, however, that of the pons Varolii), and it is therefore very important to try to detect the special features of apoplexy in these two distinct parts of the encephalon.

Without minding at present whether the symptoms of hæmorrhage in the cerebellum are due to pressure upon the neighbouring organs, or to a disease extended to these organs, or only to a loss of function or an irritation of the cerebellum itself, I will examine the symptoms that generally precede, accompany, or follow a hæmorrhage in the cerebellum, and show in what respects they differ from the symptoms of hæmorrhage in other parts of the encephalon.

1. *Premonitory Symptoms.*—Headache, giddiness, vertigo, with involuntary movements of the head on one side, numbness, formication in the toes and fingers, drowsiness, &c., have sometimes been noted as premonitory symptoms of hæmorrhage in the cerebellum. As regards these symptoms, nothing special, except the drawing of the head on one side, might point out the seat of the alteration.

2. *Coma.*—A hæmorrhage in the cerebellum, like a hæmorrhage in the cerebral hemispheres, may be marked by the following symptoms as regards the intelligence:—

1st. The intellectual faculties may remain entire, although very grave symptoms of paralysis appear;

2nd. The intellectual faculties may become impaired, the patient being in a state of torpor and speaking incoherently, but being still able to understand in a certain measure, and to answer, though without precision or clearness, the questions put to him;

3rd. The intellectual faculties seem to be completely lost, and a deep coma exists, out of which it is hardly possible to rouse the patient, except for a few moments; and then his only sign of intellectual life consists in opening his eyes for a short time.

A recent writer on the subject of cerebellar hæmorrhage—Dr. Hillairet*—maintains, that in the apoplexy of the cerebellum, patients are roused more easily than they are in the coma caused by a cerebral hæmorrhage. He calls the cerebral coma an intellectual one, and the cerebellar coma a physical one. He insists upon the fact, that there seems to be no loss of the intellectual faculties in the coma caused by a hæmorrhage in the cerebellum, and that the patients seem simply to be in a state of deep sleep. This is true; but I ought to say, that it is so also in many cases of coma due to a cerebral hæmorrhage, unless the amount of effused blood is extremely considerable.

In cases of cerebellar hæmorrhage, coma may appear at the same time with a paralysis and other symptoms, or only appear hours, days, or months afterwards, just as in cases of cerebral hæmorrhage. Besides, coma may cease and reappear once, twice, or more in cases of hæmorrhage in either the cerebellum or the cerebrum. We can hardly, therefore, draw any inference as regards the seat of a hæmorrhage from the peculiar features of that grave symptom.

3. *Paralysis.*—A hæmorrhage in the cerebellum may be distinguished from a hæmorrhage in other parts of the encephalon by the study of several paralytic symptoms. I will say a few words on each of these symptoms.

1st. In many cases of hæmorrhage in the cerebellum no local paralysis has been observed. The patients were weak on their limbs, or unable to stand up; but in bed they could easily move any part of the body. Even in several cases of hæmorrhage confined to one half of the cerebellum, there was no decided hemiplegia, and the weakness of the limbs was general. In cases of coma, soon followed by death, owing to a cerebellar apoplexy, the limbs did not always fall as a dead weight, as they do when there is a complete paralysis. Comparing the cerebral hæmorrhage with the cerebellar, it may be said, that in this last hæmorrhage local paralysis is less frequent than in the first; and that a general weakness is constant in the last, while in the first one-half of the body may be without weakness.

2nd. Hemiplegia is not of so frequent occurrence in cases of cerebellar hæmorrhage as it is in cases of cerebral hæmorrhage. In all the cases I know of hemiplegia due to a cerebellar as well as to a cerebral hæmorrhage, this paralysis has existed in the side opposite to that of the hæmorrhage.

3rd. The most important feature by which we may be enabled to distinguish the cerebellar hæmorrhage from the cerebral, is the absence of facial paralysis in the first case, and its almost constant existence in the second. I may, however, say that a paralysis of one side of the face can occur in cases of hæmorrhage limited to one-half of the cerebellum, and produce a considerable pressure on the corresponding side of the pons Varolii. But in such a case the facial paralysis would be on the side injured in the pons, while the paralysis of the limbs would be on the opposite side.

4th. A similar weakness to that which exists in the trunk and limbs in cases of hæmorrhage in the cerebellum exists also

* See his paper in Archives Gén. de Médecine, &c., 1858, vol. xi. of the Fifth Series, p. 430.

in the muscles of the face. This general deficiency of power in these muscles gives to the face a peculiar appearance, one which Hillairet has insisted upon as being characteristic,* and which I cannot define better than by calling it a loss of *expression*. Certainly such an absence of facial expression sometimes exists in cerebral hæmorrhage, but its frequency is far less than in cases of cerebellar hæmorrhage, in most of which, when the state of the face has been mentioned, this absence of expression has been noted.

5th. The tongue in the cerebral hæmorrhage generally deviates on one side when it is moved forwards. Except in one case, in which there certainly was some special cause, no deviation of the tongue has been noted in the cases of cerebellar hæmorrhage that I have collected. In several of these last cases there was a sluggishness in the movements of the tongue, but no decided paralysis.

6th. Loss of speech is a less frequent symptom of cerebellar hæmorrhage than of cerebral hæmorrhage.

7th. A paralysis of the muscles of the globe of the eye and of the masticatory muscles has not been noted in cases of cerebellar hæmorrhage.

8th. The pupils are sometimes contracted, sometimes dilated, and rarely normal in cases of cerebellar hæmorrhage. These cases, therefore, differ notably from the majority of cases of cerebral hæmorrhage, in which there is no marked alteration of the pupils.

4. *Anæsthesia and Hyperæsthesia.*—Anæsthesia is a rare symptom of hæmorrhage in the cerebellum, and it has been especially noted in cases in which, on account of a comatose state, it was difficult, if not impossible, to decide of its reality. In several cases hyperæsthesia has been observed—a fact which is of importance in connexion with the anatomical knowledge we have of the continuity of the cerebellum with the posterior columns of the spinal cord, the lesion of which last parts is known to produce hyperæsthesia.†

5. *Alterations of Senses.*—Amaurosis, which is so frequent a symptom of inflammation and of tumours of the cerebellum, has been observed also, but much more rarely, in cases of hæmorrhage in that organ. I know but two cases in which it has been caused in this last affection. Deafness, or tinnitus aurium, or both, have been observed in some cases. The other senses, except that of touch, do not seem to be affected. There is no difference, therefore, between the cerebellar hæmorrhage and the cerebral as regards the four head senses, except that these senses are much less frequently altered in the cerebellar hæmorrhage than in the cerebral.

6. *Convulsions, Contracture.*—If we think of the situation of the cerebellum in the immediate neighbourhood of the pons Varolii and of the medulla oblongata—organs on which pressure is so apt to bring on convulsions, we shall not be surprised that general or partial convulsions have been observed in about one-fourth of the cases of cerebellar hæmorrhage, while the proportion is not above one-tenth in cases of cerebral hæmorrhage. Convulsions are sometimes followed by contracture, or a tetanic rigidity, in cases of cerebellar hæmorrhage. It is most probable that in those cases some inflammation has existed in the pons Varolii or the medulla oblongata. A great difficulty of breathing has sometimes contributed to the production of convulsions in cases of cerebellar hæmorrhage.

7. *Erection of the Penis.*—M. Serres has published several cases of hæmorrhage in the cerebellum in which this symptom is said to have existed. Except in one or two of the cases published by other writers, the erection of the penis has not been noted, and, as I will show hereafter, this erection may be caused by an irritation of the pons Varolii or medulla oblongata; and, therefore, there is no proof that in the cases of M. Serres, (if he has not been deceived about the existence of an erection,) this symptom depended upon an irritation of the cerebellum itself.

8. *Vomiting.*—This is a striking symptom of hæmorrhage in the cerebellum, as regards its frequency and persistence. In a few cases it occurred previous to the hæmorrhage, and in several others, after having begun at the time of the attack, it continued for many days. Hillairet, who attaches very great importance to this symptom, states that in cases of cerebellar hæmorrhage it is not accompanied with so much retching as it is in cases of disease of the cerebral lobes.

9. *Pulse.*—There is no difference between the cerebellar and the cerebral hæmorrhage as regards the pulse. In both these cases there is rather a slow than a rapid pulse.

10. *Breathing.*—It is more common to find a difficulty of breathing in cases of cerebellar hæmorrhage than in cases of cerebral hæmorrhage. Death is more frequent in the first cases than in the second, precisely on account of the greater frequency of difficulty of breathing in the first than in the second case.

* Hillairet calls it *lebetude*, (see his papers in the "Archives Générales de Médecine," &c., 1838.)

† I have ascertained by experiments on animals,—the results of which are confirmed by clinical observations,—that an injury on any part of the whole posterior surface of the cerebro-spinal axis—i. e., the tubercula quadrigemina, the cerebellum, the corpora restiformia, and the posterior columns of the spinal cord, is generally followed by hyperæsthesia.

# A Course of Lectures
ON
# PAIN,
AND THE
## THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
## ACCIDENTS & SURGICAL DISEASES.

*Delivered in the Theatre of the Royal College of Surgeons,*

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### LECTURE V.—PART I.

MR. PRESIDENT AND GENTLEMEN,—In my first lecture, after referring to the facts, that the same trunks of nerves supply the joints and the muscles and skin over them, I stated that one of the normal results to be obtained by this distribution of nerves, was to ensure mechanical and physiological consent between the external muscular, or moving, forces and the vital endurance of the parts moved, chiefly in the interior of the joint, during friction or pressure; thus securing in health a true balance of force and friction, until deterioration takes place. If this point of balance or adjustment be overreached, by accident or by undue exertion, then pain, nature's warning prompter, is induced within the joint, and suggests the necessity of diminishing or arresting exertion. Without this muscular and articular nervous association in joints, there could be no intimation of the exhausted function of the internal parts, and it is when this functional exhaustion of the internal parts has been reached, and articular pressure with friction is nevertheless continued, that the mischief to the articular structures, whether in the soft parts or in the bones, commences, and what we term disease of the joint starts into existence. In this statement are the elements of my opinion and belief, that diseases of the joints in children are the results of accident or overwork, and that they are not simply selected by nature for the development of the constitutional or scrofulous diathesis. Yet, Mr. President and gentlemen, I do not think I wrongly express the prevailing opinion of the profession, or at any rate, of many surgeons, when I say, that there exists in their minds an inclination to believe that diseases of the joints in young persons are most frequently to be regarded as the manifestation of a constitutional tendency, spontaneously expressing itself as scrofulous, and as starting without local injury. By some surgeons, indeed, it is thought that such diseases of the joints may be deemed, as it were, the local emunctory of a scrofulous or cachectic constitution, and therefore that such cases are not curable except and only through the constitution or general health; and, further, that if the local disease of the joints be cured, the same kind of disease will show itself elsewhere, perhaps in some part of the body more important to life. Now, this would be to argue almost the impropriety of curing the disease of the joint at all. No doubt, however, these opinions of our profession are in some cases true, but certainly not in all; and I must state my own conviction, that in comparatively few cases is the interpretation sound and good. I base this opinion on the aggregate cases of joint diseases which are brought before the notice of the surgeon both in private and hospital practice; indeed, I believe that the diseases of joints are almost invariably the results of local injury, and that if they were recognised early, and treated by appropriate rest, they would nearly all of them get well. This, then,

is to contravene the generally received notion, that so many of the cases of joint disease are the result of scrofula as they are thought to be. I will admit as in concert with my own views, that the untoward consequences or results of such cases, originating confessedly in slight local injury or over-exertion, are in some measure owing to the unhealthy constitution of the patient; and that the same amount of injury in persons perfectly healthy would, in all probability, have caused no lengthened manifestation of a consequent diseased state. But then it should be remembered that if the general health be bad, it is equivalent to confessing that the powers of reparation are feeble, and that therefore rest, or freedom from local disturbance, becomes in such cases the more necessary; and unless a due and proportionate amount of rest had been maintained from the beginning, they do not offer a fair comparison with cases in which the constitution is absolutely healthy.

*Case of Disease of the Knee- and Hip-joints on the same side.*

To give this subject a practical bearing, I may just introduce a few short notes of a case which came under my notice some years ago, and which shows the advantage of removing a scrofulous joint, as it is termed, and also demonstrates the value of rest in the treatment of disease of the hip-joint in a "scrofulous" patient.

On the last day of December, 1849, I saw near Ipswich, with Mr. Bartlett and Mr. Bullen, surgeons of that town, a young gentleman, of unmistakably strumous diathesis, suffering from severe disease of the left knee-joint, originally the result of an injury. This diseased knee was destroying his general health by pain, sleepless nights, loss of appetite, and other depressing symptoms, in addition to a very profuse discharge from sinuses communicating with the interior of the joint. His constitutional condition was very bad; he had at the same time—and this is the remarkable point in the case—serious disease of the hip-joint on the same side, with some local indications of abscess associated with it in the upper part of the left thigh. The question for our consultation was, whether the removal of the knee-joint was justifiable and to be recommended, bearing in mind his scrofulous constitution, and notwithstanding the existence of hip disease. We argued in this manner, that considering the great amount of systemic irritation and of purulent discharge constantly escaping from the knee, which might be considered in some respects, not quite equivalent to, but as representing or analogous to, small and frequent venesections, we might expect, if we could deprive his system of these sources of vital exhaustion, by the amputation of the limb above the knee-joint, there would, in all probability, be a great improvement in his general health. The knee-joint was very much flexed, and it would have been useless at that period to put it straight. And we also argued, that the freedom from disturbance, which the removal of the knee would secure for the diseased hip-joint, might be a great advantage in reference to the repair of that joint. You will observe, also, that it is almost impossible for a patient suffering from hip- and knee-joint disease at the same time to take that extent of out-door exercise which would aid him in keeping up his general health. We imagined, therefore, that if we could, by giving him a shorter lower extremity, make his limb less weighty for his enfeebled muscles to support, we might succeed in our expectation of insuring rest to the hip-joint. On these grounds especially, there being no distinct phthisis, we decided that amputation of the leg should take place, and it was well done by Mr. Bartlett, with the loss of but very little blood. The removal of the knee-joint allowed the appetite and general health to be quickly restored, and the patient was in a very short time off his bed, and out of doors; still suffering from the disease in his hip, but yet going about on crutches, with a very short femur, and therefore very little weight of limb. His muscles, although feeble, were yet sufficiently strong to support, without any difficulty, the shortened femur, and to sustain its head in easy contact with the acetabulum.

Here I might introduce this reminder: it is impossible to obtain anchylosis between two articular surfaces in a joint unless the two surfaces can be kept in contact; and this is the reason why patients with hip-joint disease experience so much advantage and comfort in being absolutely in the recumbent position. If a person with hip-joint disease be in an upright position, gravitation influences the condition of the lower limb, and the head of the thigh-bone has a constant tendency to sink from the acetabulum, and then without great muscular and spasmodic efforts in muscles already enfeebled by disease, it is impossible that the easy contact of the two bones, so essential to the accomplishment of anchylosis, can occur. By shortening this young gentleman's leg we enabled the feeble muscles to draw the femur upwards towards the acetabulum, and ultimately, as you will learn, the patient did very well. The abscess in the neighbourhood of the hip-joint soon discharged its contents, the sinuses closed, the hip joint became anchylosed, and after a time he went daily into the town, where he was occupied many hours in business. This patient has, since the amputation, had a serious disease and distortion of the spine, and some paralysis of the remaining leg. On the 14th of March, 1860, he reports to me that he was at that time better than he had been ever since he lost his limb, which was ten years ago. Last summer, 1860, I saw him, and then he was in perfectly good health. Here was a case of strumous hip-joint disease cured by rest. As regards the knee-joint, that was disposed of in another way, but certainly I think I may legitimately conclude that the hip-joint disease was cured by rest, and that rest could not have been obtained, except by placing the patient in a recumbent position for a great length of time, or, as was done, by shortening the limb, and diminishing the weight, so as to enable the feeble muscles to secure an accurate coaptation between the head of the thigh-bone and the cavity of the acetabulum. The anchylosis, or perfect local repair in this case, was accomplished in spite of the scrofulous constitution, and I may say the hip joint was cured, in fact, by cutting off the leg.

I would just ask, what is there in a joint, with its epiphyses, which should, independently of local injury, lead to the development of tubercle or scrofula? Joints show no special or peculiar inclination to manifest constitutional tendencies, rather the contrary. We never see cancer beginning in the joint. I believe syphilis in a joint is very rare; this may, however, be in the opinion of some persons doubtful; but true malignant disease commencing in the interior of a joint is, as far as my experience goes, unheard of. So with the vicarious influence of gonorrhœal discharge, which is frequently said to be the cause of joint disease, I doubt very much its frequency. It is true we meet with gouty deposits in joints, but these occur chiefly in joints already deteriorated, and under the influence of disturbed health, and get well with the improved health. In cases of scarlatina or measles it often happens that after their subsidence, the patient is the subject of some disease in the joints or the bones. I have seen this occurrence repeatedly, but this, I apprehend, is only the evidence that at the time when the patient came under the influence of scarlatina or measles, the joint or the bone had been the subject of some local injury, which had deteriorated its vitality, and then the general or constitutional depressing influence of the disease led to the inflammation of the bone or joint, and that manifested itself especially when the scarlatina or measles was subsiding, or had subsided. If you go into the history of these cases, it will almost always turn out, upon close inquiry, that the patient with diseased bones or diseased joints, as a sequel of scarlatina or measles, had a blow upon the part, or had used excessive exercise so as to tire himself, and to lower the vital endowments of the bone or the articulation by over-fatigue. I have employed these points for the purpose of indicating my belief that diseases of the joints are not so generally scrofulous as they are reported to be; that is the burden of my remarks.

I would again ask, is a London Hospital, or Southwark *par excellence*, if you like, a good place to antagonize or compete with scrofula? Yet diseases in joints in children do exceedingly well there, with rest and plenty of time allowed. But I hold it to be impossible that joints importantly diseased can be cured with rapidity. Therefore, when I hear it stated by surgeons of hospitals that they have had cases of diseased hip-joint or knee-joint, which were doing uncommonly well up to three months, the extreme duration of possible residence in the hospital, and then they were obliged to send them away, in accordance with the regulations, it seems to me that the governors of hospitals who make such laws or regulations, prevent the joint disease being cured at their institutions; for the period of residence in the hospital being fixed at three months, it is a matter of impossibility that joints importantly diseased can be cured in that time. I am quite sure if the sons or daughters of these governors could be cured of a seriously diseased knee or hip-joint in one or two, or, perhaps, in some cases, in three years, they would be gratefully delighted. How unfair, then, is the expectation, that the same severity of disease can be cured in three months within an hospital! It must require at least many months to cure diseased hip-joint. I never saw a really diseased hip-joint go through all its stages, and be completely cured in less than six months; that I looked upon as an extremely rapid cure. I saw it once, and I was completely astonished. So with respect to the knee-joint, I am quite convinced that limbs are amputated, or joints

excised, or, perhaps, some other operation performed, before the proper probationary period for a cure without operation has been sufficiently carried out. I hold it to be impossible that knee-joint disease can be cured by anchylosis (and that is the kind of case to which I now refer) in less than a year. When you come to consider the great number of soft parts existing within the knee-joint, all of which have to be deteriorated by inflammation or softening, before they can be absorbed; that the absorption of them has then to be effected; not of them only, but of the dense laminæ of bone interposed between the articular cartilage and the cancellous portion of the bone; and that when all this has been accomplished, the granulating bones must be brought into apposition before the period of direct repair can be said to commence in earnest, we shall see that some considerable time must necessarily be required; but in addition to all these steps, the process of growth and of structural consolidation and integrity remains to be accomplished to enable the anchylosed parts to be of use to the patient. So it is with respect to the tarsus; it is not to be expected that a disease of one of the tarsal bones or joints can be sufficiently cured so as to render it competent to sustain the weight of the body, except after great length of time. Every surgeon and every physiologist will admit that the perfection of the foot depends upon the integrity of all the bones and all the articulations; small as each may be, it forms an integral part of a perfect piece of machinery, most beautifully and delicately constructed for sustaining the weight of the body, and for allowing of rapid, easy, and elastic progression.

I will now advert to two or three general considerations, which appear to myself to present this important question of the local or purely constitutional cause of diseased joints in such an aspect as to lead towards the conclusion, that local injury is the most frequent starting-point of diseased joints. If you admit that other organs of the body can be pathologically or structurally deteriorated by over-exertion, surely you must admit that the ordinary joints for locomotion may be very frequently so situated as to manifest diseased conditions.

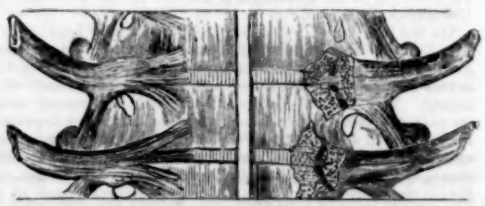
The joints of the human body which are the least likely to suffer from external injury, or from over exercise or fatigue, are also the most free from disease; thus indicating a probable relation between their freedom from external injury or from over-work and their immunity from disease.

In this conspicuous position stand the costo-vertebral articulations. These joints are scarcely ever the seat of disease, so far as we can judge, during life; and I think it has happened to few persons to see in any anatomical museum a specimen of uncomplicated anchylosis, or bony union, between the head of the rib and its associated vertebræ. But even should I be thought to express myself too strongly on this point, it is clear from what I have stated that diseases of those joints are extremely rare. It is true, of course, that in cases of diseased vertebræ, like these pathological specimens upon the table, we not unfrequently find anchylosis of the heads of the ribs and the sides of the vertebræ; that is palpable enough, but the isolated disease of one of these costo-vertebral joints is exceedingly rare. There are three circumstances which will appear to be the cause of this freedom from disease: one is, that no external injury can reach these joints; another is, that these joints have their appointed rest; and a third might be mentioned (although it is hardly pertinent), that this joint does not become anchylosed because there is interposed a layer of fibro-cartilage, or fibrous tissue, between the head of the rib and the intervertebral substance. This latter fact, however, forms no part of my important argument, because we find anchylosis in the knee-joint, notwithstanding the interposition of large masses of interarticular structures; but this piece of anatomy does not apply to the first, eleventh, and twelfth ribs, yet I have never found any disease between the heads of those ribs and their associated vertebræ.

I had a patient—he is still alive, and therefore I have not an opportunity of presenting to you the pathological specimen—who had a diseased spine in the lower part of the cervical region. He is now actively employed in business, and is thirty-two or thirty-three years of age. After being about four years in the recumbent position, he is now again able to occupy himself fully in business, and yet not one of his ribs moves during respiration. If you were to look at his naked, broad, well-formed chest, and put your hands upon his ribs, you would find that not a single one of them moves during inspiration; all the breathing takes place by the aid of the diaphragm and the abdominal muscles. The actual condition of this gentleman's costo-vertebral joints is very doubtful.

This freedom from disease is a remarkable thing in joints so actively employed, day and night, as are the costo-vertebral joints, and it requires a few words of explanation or reference. As I have already said, there are two circumstances that may contribute to the freedom from disease of these joints. It must be admitted, I think, that scrofulous tendencies or diseases manifest themselves mostly in early life; and the earlier in life, in proportion to the intensity of the constitutional taint. It is at this same early period of life that the costo-vertebral joints are the most actively employed in relation to rapid breathing, and the bones as well as the soft parts of those joints must be under the full influence of friction, pressure, and tension—conditions likely, in the minds of some, to induce the local development of the constitutional taint in the form of tubercle, as in the lungs; yet notwithstanding those sources of structural deterioration these joints escape disease, because they scarcely ever suffer from direct local injury; indeed, they are so deeply placed, and so strongly sustained by ligaments, that direct injury from without can hardly reach them. Broken ribs, as we all know, are frequent enough; and no doubt if the heads of these ribs were not maintained strongly in their position, they might be frequently displaced. Again,

FIG. 31.



This sketch represents the costo-vertebral articulations as seen from the anterior or thoracic aspect. On one side, two of the joints are seen covered in by powerful ligaments. On the other side, portions of the heads of the rib and its associated portions of two vertebræ have been removed, for the purpose of showing the interior of the corresponding joints.

reflecting physiologically on the costo-vertebral articulations, we must remember that, although their movements may be excited occasionally and temporarily by volition, yet the respiratory movements must soon subside to their normal state of comparative quietude, and during sleep these articulations must have a certain amount of repose in accordance with the diminished frequency of respiration; so that, under all the circumstances, they may be said to have the advantage of what may be called their appointed rest.—namely, two-thirds or three-fourths of life; and this rest might certainly be here termed Nature's strong conservative principle, strongly marked in parts the freedom of which from disease is almost necessary for active life.

FIG. 32.

In this sketch is shown the position of the strong ligamentous structure interposed between the sacrum and ilium, by making a horizontal section of the ossa innominata and sacrum.
*a*, Sacrum. *b*, Os innominatum. *c*, Ligamentous and cartilaginous tissues joining the bones.

Perhaps it occurs to but few persons to note the number of times that these articular surfaces are rubbed upon each other during respiration; but here are the figures representing the facts. I have taken the case of a child five years old, and the number of respirations at 30 in a minute; this would give

1800 in an hour, 43,200 in a day, and the enormous amount of 15,768,000 respirations in a year. Every respiration consists of two movements—inspiration (ascending) and expiration (descending), so that the friction must be double; and consequently at five years of age the number of movements is 31,536,000 in the year, and yet these joints are never diseased. The only exceptional conditions we can attach to these joints are their not being exposed to external injury, and that they have their appointed rest.

Diseases of the pelvic bones or articulations in children are but seldom seen, except at the acetabulum as part of hip-joint disease; and I believe that the cause of freedom from disease in the articulations of the pelvis depends upon their immunity from local injury by accident or by over-exertion. One of these joints is here shown (Fig. 32) between the sacrum and the os innominatum, and you see represented a large mass of ligamentous and cartilaginous tissue lying between these two pelvic bones. These joints are very seldom diseased. I shall have occasion—perhaps next year—to refer to this subject, and I shall then be able to adduce several instances of disease in these pelvic articulations cured by rest.

## CLINICAL LECTURE ON AN AORTIC ANEURISM.

BY WILLIAM BRINTON, M.D.,
PHYSICIAN TO ST. THOMAS'S HOSPITAL.

I NOTICE to-day a case (No. 2, Jacob's ward) giving a fair illustration of the ease with which a careful physical examination often enables us to decide on the presence of a disease, such as, from its insidiousness and gravity, demands above most other maladies an early and accurate diagnosis.

Some fourteen months ago (March 23rd, 1860), the directors of one of the Indian railways referred to me a fine, handsome, temperate young man, of about thirty-five years of age, for examination, prior to his receiving an appointment as engine-driver, a calling which he had been following many years. He had never had any illness. Five paternal ancestors (including his father, still living at seventy-four) had averaged seventy-two years of life. His breathing had never been affected; his pulse was 68 per minute. Nevertheless there was something about his face which, even before the steady routine of such an examination had led me to the thoracic organs, flashed into my recollection as suggestive of aneurismal disease. A man who lives in the open air is generally ruddy. But if I were to say that there was a central ruddiness of the cheek, with a wide, salmon-coloured margin around it, I should perhaps be best expressing a peculiarity which, in the course of the last fifteen years, has repeatedly foreshown to me aneurism near the heart.

Comparing the two wrists showed that the right pulse was the feebler of the two: a feebleness which so far as I could judge, did *not* depend on those very common causes of such a contrast—a larger artery, or one less covered by fascia, in the stronger pulse. Both, too, seemed to suggest the faintest possible degree of that *beady* pulse which is characteristic of aortic regurgitation.

On examining the chest, I found undoubted evidence of an aneurism of the aorta immediately below the origin of the innominate artery, as well as of considerable hypertrophy and dilatation of the heart itself.

I need hardly say that, though distinct from my official duty, I endeavoured, with all attainable caution, to inform the poor fellow that a dangerous disease was preying on his very vitals, as well as to suggest its appropriate treatment. I am afraid, though, I got but scanty belief. This done, nothing was left for me but to certify that he was affected with grave disease of the heart and aorta, unfitting him for the duties of his office in India. The only consolation one could derive from such a melancholy interview was that he had had some chance of putting off the evil day, while the Company I served had saved the two or three hundred pounds his premature death in India must have cost its funds.

A few days ago he sent for me, and I advised his entering this hospital. As I feared, he had taken no precautions or medical advice, but had continued at work until November last, when he had been seized with what seems to have been an attack of subacute pneumonia of the right lung. Since that time he had suffered from extreme dyspnœa on the least exertion, increasing up to the date of his admission.

It is of no use attempting the physical diagnosis of this or any other disease unless you take every precaution to ensure strict accuracy: or rather, let me candidly say, the closure of all those loop-holes for self-deception which I have known to render the senses of even acute observers the followers, instead of the guides, of their intellects. To map out, inch by inch, with pen and ink, on the living chest, the outline of the diseased organs; and to compare this outline with that obtained under similar precautions from the organs of a healthy subject, as nearly as possible parallel to the subject of inquiry,—this is the process which, toilsome as it seems to be, is our shortest and quickest path to that accuracy of senses which is absolutely essential to accuracy of diagnosis. Indeed, the process neither is, nor ought to be, a long one, being easily carried out in some ten or fifteen minutes by a practised inquirer.

Here, for example, is a very careful outline of the cardiac organs, as verified in the chest of a man of the same age, size, and conformation (both general and thoracic) as our poor patient. I may add that, though in rummaging my note-books, I only chose this as a parallel, it gives us also a kind of contrast: inasmuch as the gentleman to whom it refers, an eminent provincial surgeon, consulted me many months ago with a suspicion of aneurism; and ought, I am sure, to feel flattered if he should ever learn that his heart and arteries have done duty as our models.

FIG. 1.

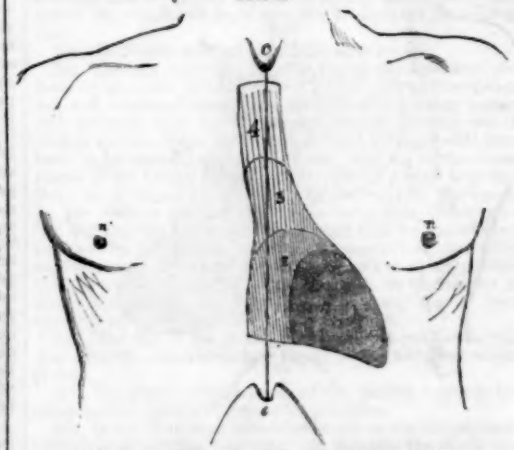



Diagram representing the grades of dulness to percussion afforded by the heart and aorta in the healthy living subject. One-fourth the natural size.*

1, 2, 3, 4, Grades of dulness to percussion: 1 being the complete dulness caused by the heart's contact with the chest. *c*, Sternal notch. *n n*, Nipples. *e*, Ensiform bone.

You know the rule, I hope, which defines the usual site within which the healthy heart causes complete dulness to percussion by its contact with the front of the chest. Drop from the left nipple a perpendicular; from which, at two inches below this part, draw a line at right angles, and carry it to the left margin of the sternum. On this horizontal line, as a diameter, describe a circle.

Such a rule is all very well in its way: deviating neither more nor less from Nature than, for example, do our descriptions of the arterial trunks of the extremities of the body; of many of which vessels we have, to this very day, no numerical account sufficiently large to serve as the basis for a real average, much less to sum up the commoner variations.

In like manner, I may so far impugn this convenient rule respecting the regional anatomy of the heart as to point out two chief variations, either or both of which must generally be allowed for. The cardiac dulness, which rarely approaches a truly circular form, is mostly bounded below by a line such as, in spite of the edge of lung often present here, is either straight or convex upwards. And, apart from disease, the variable position of the tegumentary nipple, as well as the varying bulk of the overlapping left lung in persons of active breathing, and

* In these diagrams, the nipples, sternal notch, and ensiform bone are all accurately drawn to the above scale; but the width of the chest has been diminished, in order to bring it within the limits of the column of type.

even in the periods of inspiration and expiration in the same individual, and the varying distension of the stomach, make the boundary of the living heart, as ascertained by actual examination, rarely correspond to the above rule.

On the whole, the cardiac dulness of a healthy middle-aged man, tolerably stout, and not addicted to great muscular exertion, would generally offer an outline something like that seen in Fig. 1, in which the gradations of shading represent four corresponding degrees of dulness, of successively decreasing intensity, in passing from the region of the heart's impulse toward the sternal notch, below which all such distinction between the cardiac and the respiratory structures ceases to be discernible. In many persons, especially in women (I think as a result of stays), the complete dulness marked 1 forms a narrower space from side to side than is here represented. In persons addicted to athletic exercises, this space, being more overlapped by lung, has narrower limits in the vertical direction. In the emphysematous, it is almost transferred to the ensiform appendix and neighbouring epigastrium. But in the case above mentioned, it generally applies with tolerable exactness. Its anatomical explanation I need hardly recall; the less so, that, simple in its nature, it is complex in its details: the interposed lung, pericardium, mediastinum, &c., all counting for something in this exact outline.

With the outline, (Fig. 1,) we may contrast that of our patient,

FIG. 2.

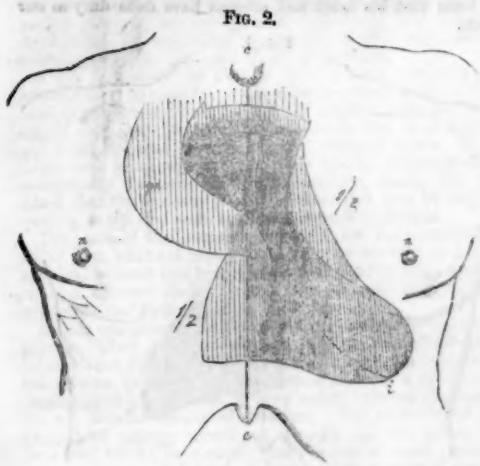



Diagram to illustrate the physical signs in an aneurism of the aorta. One-fourth the natural size.

*c, n, c*, As in Fig 1.

*pn*, Pneumonic dulness to percussion.

*i, i*, Incomplete dulness to percussion on either side of the cardiac and aortic outlines.

*i*, Point of heart's greatest impulse, itself the lower end of a curved line of impulse.

*a, d*, Points of greatest intensity of the systolic and diastolic murmurs respectively.

as obtained by careful examination a few days ago. At my first interview with him, on the 23rd of March last year, the heart had much the outline it still retains, with the sole exception that its apex now reaches further outwards below the left nipple. The chronic pneumonia, existing since November last, has also added a marginal region of decided dulness (*pn*). And the dulness of the enlarged aorta has (as you would expect) increased both upwards and sideways far beyond its dimensions of fifteen months back. But with these exceptions, both the aorta and the heart show their former outline.

The murmurs are somewhat more displaced. In March last, the greatest intensity of the systolic sound was audible half an inch below the right sterno-clavicular articulation; and that of the diastolic murmur exactly behind the median line of the sternum an inch below this point. Now, the former is below, and the latter about as much outside, its original site; circumstances which evidently suggest the same widening of the diseased aorta which is indicated by its broader dulness to percussion. The sounds themselves are also much more distinct.

As regards the nature of these two sounds, the systolic is altogether abnormal. Traced towards the heart, it gradually subsides; and is soon overlaid and rendered inaudible by the thick, soft, impactive noise which constitutes the first sound of the largely-hypertrophied heart. Traced onwards from the heart, it can be followed far along all the larger bloodvessels. The diastolic sound is no less evidently a modified second sound. Indeed, one can distinguish in it two elements: a very gentle and *quasi*-distant second sound; and a much louder thrilling murmur, in which the sharp normal sound is almost lost. The former of these two elements I believe to be seated in the valves at the origin of the pulmonary artery; the latter is possibly due to some deposit on the edge of the aortic valves hindering their complete coaptation. But it is more probably the result of the mere dilatation of the lower part of the aorta—a condition which I have abundant clinical evidence for asserting can amply suffice to cause great and noisy regurgitation without any lesion of the valves themselves. A case of this kind, indeed, was seen by some of you under my care a few months ago.

(After successively dwelling on the symptoms of such cases—especially under the heads of the physiognomy, the pulse, the breathing, the pain, &c.—Dr. Brinton passed on to speak of)

The *pneumonia* which has been present here, to all appearance for many months, constitutes by far the most serious symptom of the case. The aneurism has not yet come near enough to the surface to produce any palpable impulse. And this circumstance, taken in conjunction with the duration of the lesion, as well as with the aortic regurgitation and the comparative absence of pain, perhaps justifies us in suspecting that it is what used to be called "a true aneurism" (in other words, a dilatation of the coats of the vessel, rather than a rupture of the middle tunic, followed by dilatation of the outer one) which we have before us. And hence, whatever the peril of rupture, it is greatly outweighed by the incidents of this chronic inflammation; which is not only daily depriving the patient (as shown by the copious rusty sputum) of a certain quantity of blood; but—depending, as I believe, rather on a nervous irritation than on any mere physical interference with the lung—implies, in this way, far more peril than its mere extent might suggest. This origin of the pneumonia, seen plainly enough in other cases in which the inflammation is itself remote from the aneurism and from any large nerve on which the aneurism sometimes presses, is well shown, in this case, by the impaired voice, the clangorous laryngeal cough, the somewhat difficult deglutition, and especially the exceedingly contracted pupil of the right eye. It is not too much to say, that these nervous difficulties may (as has been well shown by my friend Dr. W. T. Gairdner) quite suffice to suggest a diagnosis in the case of thoracic aneurisms far too small and too deep to be declared by the physical signs just alluded to. The condition of the pulse agrees with these signs in indicating that the lesion extends to, and practically involves, the origin of the innominate artery.

The patient's state, suggestive of great and imminent danger, is scarcely to be alleviated by any treatment, save one directed to the mitigation of symptoms. The medical treatment of thoracic aneurisms is indeed a gloomy theme. Comparing these lesions with those of other and smaller vessels, we are at once reminded of two great differences made known to us by our physiological studies. The first is, the enormous pressure of the blood within these great vessels; a pressure which you may perhaps recollect is measurable, in inches of sustained mercury in the hæmadynamometer, as something far transcending the pressure in such arteries as the femoral or brachial. The second is, the small extent of that collateral circulation which, supposing the happy dislodgment of a clot were to plug the diseased vessel—the procedure which the surgeon imitates in the limbs,—would be requisite to carry on that current of blood necessary for the life and nourishment of the parts beyond the lesion.

What has been called the plan of Valsalva is now deservedly given up. In this procedure it was supposed that the formation of a clot, such as could strengthen the dilated artery against the distending force of the blood—a rare casualty of the malady—might be favoured by perfect rest, large and frequent bleedings, and a diet approaching to starvation. Any large and accurate statistics of the success of such a plan I confess myself unable to give you. But without discussing the value of such statistics, as they would be affected by the imperfection of diagnosis in Valsalva's days, and the inability of most patients to bear such a regimen, we may point out that it is physiologically wrong; inasmuch as it counteracts Nature, favouring that dilatation, and opposing that hypertrophy, of the heart, which, according as they preponderate, respectively constitute the worst or the best feature of any given case.

In such aneurisms, then, we can but combat symptoms, and,

while alleviating these, secure, so far as may be, rest of mind and body. Tonics, counter-irritants, aperients, small and frequent meals of nourishing and digestible food, and stimulants where absolutely indicated by failing strength, are the measures which you have seen adopted—and I fear with little more than a temporary postponement of the fatal issue—in the case of our poor patient.

The patient died a few days after the above lecture was given. The necropsy confirmed the diagnosis. The aneurism was a dilatation chiefly at the expense of the anterior and right aspect of the aorta, just below the origin of the innominate artery. The aorta was also extensively atheromatous, and its semilunar valves somewhat thickened; though not enough to hinder their coaptation, apart from the dilated state of the calibre of the vessel.

## FATAL CASE OF STRYCHNINE POISONING IN A GIRL AGED ELEVEN YEARS.

By GEORGE HARLEY, M.D.,
PROFESSOR OF MEDICAL JURISPRUDENCE IN UNIVERSITY COLLEGE, LONDON.

CASES of all kinds being more instructive when brought before us in a series rather than at distant intervals of time, I am induced to submit the accompanying short report of one of strychnine poisoning, which presents several features of analogy to, as well as some differences from, the interesting cases recently reported in the pages of THE LANCET by Dr. Part (March 30th and April 6th), and Mr. Travers (Oct. 12th). In the cases reported by these gentlemen, the poison was taken in the form of the preparation called "Battle's Vermin-killer," and the patients both recovered. In the case I am about to relate, the strychnine was taken in a perfectly pure state, and proved rapidly fatal. As Dr. Part and Mr. Travers have in their reports principally devoted themselves to the consideration of the history and treatment of strychnine poisoning, in the few remarks I shall make, after relating the case, I shall limit myself almost entirely to its medico-legal bearings.

On the evening of June 6th, 1860, I was called to meet in consultation Mr. Cholmondeley and Mr. Wakefield, at the house of a chemist and druggist, whose daughter was stated to have taken strychnine. The patient, a remarkably intelligent girl, only eleven years of age, although she spoke and acted like a girl of seventeen years, was first seen by Mr. Wakefield at seven P.M. On his arrival, he found her in a violent tetanic spasm, the limbs extended and rigid, the jaws firmly fixed, and the body in a state of opisthotonos. When the paroxysm passed off, the girl confessed that she had gone into her father's shop, and taken a quantity of pure strychnine (the exact amount was not ascertained). Although very much alarmed and agitated, her intellectual faculties remained perfectly clear. She eagerly, and without any apparent difficulty, swallowed an emetic of sulphate of zinc. As the first dose did not act immediately, a second was given, and shortly afterwards the patient vomited a quantity of semi-fluid matter. She then turned upon her back, and lay with her eyes closed. On raising the eyelids, in order to ascertain the state of the pupils (which were found natural), a violent tetanic paroxysm was induced. Just as the spasm commenced, the patient shrieked out, "Hold my legs, hold my legs; I am dying, I know I am!" Chloroform was now administered, but without the slightest benefit. The attacks rapidly succeeded each other, and gradually increased in severity. During the spasms, the pupils were observed to dilate and the countenance to become livid. In the last and fatal convulsion, the face suddenly became almost quite black, most probably from the non-arterialization of the blood, for the muscles of the chest were so firmly contracted that the respiratory movements were completely arrested. As the spasm passed off, the facial muscles relaxed, and a quantity of frothy mucus issued from the mouth. There was now, however, no longer any attempt at respiration. Life had passed away with the spasm, for the heart was still.

It was curious to observe that in this case, as soon as life became extinct, rigor mortis commenced; there was no very apparent interval of muscular flaccidity. In five minutes after the cessation of the last spasm, and while the body was quite warm, the muscles of the hands and arms were in a state of rigor mortis; while those of the lower extremities passed into a similar state in the course of ten minutes more.

*Autopsy, forty hours after death.*—Legs rigid and extended as they were during the spasms. Soles of feet strongly arched and inverted. Hands clenched and remarkably livid; fingers and nails of an indigo blackness. Upper extremities no longer livid; the lividity of the face, remarked during life and immediately after death, has also disappeared. Inner side of thighs and arms, also the side of the neck, are of scarlet colour, very like what is seen in cases of scarlet fever; the outside of the limbs are of the normal colour. The countenance wears an unusually determined look, particularly about the mouth. Head: Surface of the brain very much congested; the ventricles contain rather more serum than usual, otherwise healthy. Spinal cord: Great serous effusion under the arachnoid, otherwise appears healthy. Chest: Lungs much congested; blood in large vessels quite fluid and dark in colour. Pericardium contains about two ounces of serum. Heart flaccid, and nearly empty. Abdomen: Stomach presents no appearance of inflammation; near the pyloric end is a yellow spot (from the colouring matter of the bile!). Notwithstanding the frequent vomiting, there is still about ten ounces of fluid and solid matters in the stomach; the different foods—beef, potatoes, and bread—are easily recognised. Liver and kidneys normal. Small intestines very red from congestion. Urinary bladder quite empty and contracted. Mr. Wakefield tested the contents of the stomach, and readily detected the presence of strychnine. I may here mention that in writing the above history I have freely made use of Mr. Cholmondeley's and Mr. Wakefield's notes of the case.

The chief features of interest in this case are—

1st. The fact that the girl, after taking the fatal dose, deliberately sat down at table, poured out her own and her father's tea, and continued eating and talking as if nothing unusual had occurred until the spasms commenced. During tea she even remarked to her father that she had a disagreeable bitter taste in her mouth, without, however, alluding to the circumstance of her having taken poison. This is a most important fact; for at Palmer's trial, it will be remembered, the counsel for the defence declared that Cooke being able to get out of bed and ring the bell was a strong proof that he had not been poisoned by strychnine. Another argument was, that as the slightest touch brings on a spasm, it was not at all probable that he would request to be firmly held. In the present instance the patient, far from manifesting any fear of being touched, anxiously implored to be firmly held.

2nd. The fact of the patient being able to swallow liquids, even after the convulsions had begun, is another point worthy of note.

3rd. The perfect consciousness of the patient seems to be a characteristic feature of strychnine poisoning.

4th. It has often been debated whether or not the pupils are dilated in strychnine poisoning. In this case the pupils were observed to dilate during the spasms, and to return to their normal dimensions during the intervals—a fact to which I had already called attention in the pages of THE LANCET (June 14th, 1856).

5th. The immediate cause of death in this case appears to have been asphyxia, induced by spasm of the respiratory muscles. As I formerly mentioned in the paper just referred to, death from strychnine poisoning may arise in three ways—(*a*), by asphyxia, as in the present instance; (*b*), from exhaustion; (*c*), from the peculiar action of the poison upon the blood, in which case death occurs with all the appearances observed in animals dying from want of air. (*Vide* experiments related in THE LANCET, June 14th, 1856, p. 648.)

6th. The rapidity with which the rigor mortis set in is very remarkable; for in animals poisoned by strychnine a distinct interval of muscular flaccidity is generally observed to occur between the cessation of the spasms and the commencement of rigor mortis.

7th. The extraordinary appearance the body presented after death is also a point worthy of note, the inner side of the thighs and arms being of a bright scarlet colour, whilst the fingers and nails were of an indigo blackness.

In conclusion, I may observe that had this case not proved so rapidly fatal, about two hours after the poison was taken, and forty minutes after the patient was first seen by Mr. Wakefield, it was our intention to have tried the effects of woorara poison. It may perhaps be remembered that in 1856 I pointed out in the pages of this journal the antagonistic action of woorara and strychnia, citing three experiments to show that these two substances have the power of reciprocally neutralizing the effects of each other, according as the one or the other poison

is in excess. The conclusion I then drew from my experiments was that woorara might be used as an antidote for strychnine.* Since that time I have frequently repeated these experiments, and on several occasions have succeeded, by means of woorara, in saving the lives of animals to which I had administered strychnine in poisonous doses.

The superiority of woorara over other narcotics in the treatment of strychnine poisoning is due to the fact of its possessing the peculiar power of paralysing the motory much sooner than the sensory nerves, and the possibility of administering it in doses sufficient to paralyse the muscles without impairing the intelligence of the animal. In experimenting with this substance, I give sufficient to paralyse all the muscles except those of respiration; in this way the tetanic spasms are arrested without any stoppage of the organic functions taking place; and by continuing the thus moderated action of woorara until the kidneys have time to eliminate the strychnine from the system, which they do very rapidly, the life of the animal may be saved.

Some time ago, Dr. Bennett of Sydney having related a case of strychnine poisoning, in which he attributed the recovery to the employment of tincture of iodine, I was led to make the following experiment:—To a solution of strychnine, a quantity of the tincture of iodine was added, and a precipitate immediately formed. (Iodine is known to form a crystallizable compound with strychnine.) The supernatent liquid was filtered and tested, without any strychnine being found in it. The precipitate, on the other hand, when tested with bichromate of potash and sulphuric acid, gave a well-marked strychnine reaction. It thus appears that the tincture of iodine may at least prove as good if not a better antidote for strychnine than hydrated iron for arsenic.

We have recently had several substances proposed as antidotes for strychnine—fat, prussic acid, and tannin; and lately Dr. Part has recommended the continuous employment of emetics.

The antidotal effects of prussic acid I have tried; but the only conclusion I could draw from the experiments was, that it hastens instead of retards the death of the animals.

As regards Dr. Part's suggestion of treating cases of strychnine poisoning with emetics, I quite coincide with him that an emetic should in all cases be administered without delay; but it appears to me that the chief beneficial effects which can arise from the emetic is the clearing the stomach of the poison remaining unabsorbed. I cannot agree with that gentleman in regarding it as a physiological antidote; that, however, is a point which can only be decided by future experiment.

In conclusion, the plan of treatment which I am in the habit of recommending to my class is the following:—

1st. As early as possible give an emetic, and if the spasms have not commenced use the stomach-pump.

2nd. Give a full dose of tincture of iodine, from twenty to forty minims.

3rd. After the stomach has been emptied, give a purgative. Castor oil is to be preferred, and, in order to hasten its action, a drop or two of croton oil may be added. Fats seem to retard the absorption of the poison.

4th. Lose no time in injecting under the skin an anodyne sufficiently powerful to paralyse the motor nerves, and thereby neutralize the spasms. Woorara is the best; but if that is not at hand, use conia.

5th. Give a diuretic, to hasten the action of the kidneys in eliminating the poison.

6th. Keep the patient warm; an elevated temperature tends to relieve the tetanic spasms. Aid perspiration. The Turkish bath might perhaps prove useful.

Harley-street, Cavendish-square, Oct. 1861.

* Nearly a year later, M. Vella called the attention of his French brethren to the same fact, and claimed the honour of the discovery, without apparently being aware of my researches.

VICARIOUS HÆMORRHAGE IN THE ANTERIOR CHAMBER OF THE EYE.—Dr. Guépin mentions the case of a girl, of good constitution, but rather chlorotic, who first menstruated at fifteen, and has been pretty regular since, though each period was followed by an attack of epistaxis. In April last, the catamenia lasted only two days; the epistaxis did not come on, but the anterior chamber of the eye became filled with blood. Dr. Guépin saw the patient a week after this, and found the whole of the lower part of the anterior chamber filled with blood, the pupil free and open, and vision imperfect, owing to a white speck on the cornea. By means of fomentation, atropine, exercise in the open air, and steel, the eye recovered completely.

# A Mirror
## OF THE PRACTICE OF
# MEDICINE AND SURGERY
## IN THE
# HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

## ST. GEORGE'S HOSPITAL.

### COMPOUND FRACTURE OF THE SKULL BELOW THE OCCIPITAL PROTUBERANCE; ESCAPE OF CEREBRO-SPINAL FLUID; RECOVERY.

(Under the care of Mr. PRESCOTT HEWETT.)

THE fact is now established, that in certain severe injuries to the cranium there may be an effusion of thin watery fluid from the ear, from the nose, or from some part of the vault of the skull. The ear is the most common outlet for the fluid; Mr. Lawson's case, which we record to-day, is an instance in point, which was followed by a recovery. The discharge from the nose is much less frequent than from other parts; Mr. Erichsen has seen one instance of it, and M. Robert mentions another. Its occurrence from the vault of the skull has hitherto been considered extremely rare; Mr. Prescott Hewett, however, has shown, in his recent article on Injuries of the Head, in the second volume of Holmes's "System of Surgery," just published (p. 96), that the discharge of a watery fluid from the vault of the skull comes next in point of frequency to that from the ear; and he alludes to as many as nine cases of this kind published by various writers. Any part of the cranial vault is liable to this occurrence, provided that the injury extends not only through the integuments and the bones, but also through the cerebral membranes—laying open, in fact, the space between the visceral arachnoid and the pia mater. "The watery discharge in these cases," Mr. Hewett observes, "as in some of the cases connected with the ear and with the nostrils, is due, then, to the escape of the cerebro-spinal fluid." In seven of the cases alluded to there was every reason to believe that the fluid was that mentioned, from the sub-arachnoid space; but this writer states that there is no doubt the watery discharge from the vault may proceed from the lateral ventricle. This has been proved by dissection. It was from the ventricle, Mr. Hewett thinks, that the fluid came in the case mentioned by Mr. Erichsen in his work on Surgery (third edition, p. 311). The patient was a boy who had received a wound on the back of the head, with a depressed and comminuted fracture of the skull; on the nineteenth day serous fluid suddenly began to flow in such large quantities that the pillow was completely saturated during the course of the night; after this the boy lived four days, during which further quantities of this liquid flowed from the wound, and even on the day of his death it was still running profusely. Unfortunately, no post-mortem examination was made. Mr. Hewett believes the fluid to have proceeded from the right lateral ventricle, the posterior horn of which, thinned by an accumulation of fluid, gave way, and thus allowed of the profuse watery discharge which suddenly took place on the nineteenth day after the accident.

Out of the nine cases of watery discharge from the vault to which this gentleman has alluded, seven recovered; and the details of these clearly prove that the discharge, however copious, did not appear to have any materially injurious effect. We may infer that in all, or nearly all, of these, the brain was otherwise uninjured.

We cannot conclude this highly important subject without the following citation:—

"And hence the broad plan of treatment in each case of watery discharge connected with an injury to the head is to be based upon the general symptoms which may exist. These cases must therefore be treated as any other severe injury of the head; the various symptoms, whatever they may be, must, in fact, be dealt with as they present themselves."

In the subjoined example, the nature of the serous oozing was clearly made out to be cerebro-spinal, and considerable interest was manifested as to the result whilst the patient was in the hospital. It has thus far proved favourable. The brief account of it was kindly furnished by Mr. Edgecombe Venning, surgical registrar to the hospital.

Philip P——, aged fourteen, admitted June 8th, 1861, into Oxford ward, under the care of Mr. Prescott Hewett. The history given was, that shortly before admission he had fallen from the first-floor window upon the spikes of the iron rails in front of the house.

On admission, there was a small wound just below the occipital protuberance, through which a probe passed directly into the skull, between two depressed fragments of bone, the result of a punctured fracture. There was also a punctured wound just below the great trochanter of the left thigh, which passed obliquely downwards and forwards. He was quite sensible, and the hæmorrhage from the wound was but slight. Two pints of strong beef-tea were ordered.

June 9th.—Complains of a good deal of pain at the back of the head. Pupils are dilated; has not vomited; tongue coated; pulse 120, weak.

10th.—Head very painful; tongue much coated; pulse 124; skin is hot, and he has passed a restless night; wound in the thigh is healthy; that of the scalp pale, and discharging a great quantity of watery fluid like serum, completely saturating the pillow. Mr. Hewett examined the wound again to-day, and a probe passed as before into the cranial cavity. To have three grains of calomel; water dressing.

11th.—Pain is easier; has vomited a great number of times during the night. There is not quite so much serous discharge, and it is of a darker colour. Tongue still coated; pulse 96, irregular; has passed a sleepless night; neck feels stiff; bowels not open. To have a senna draught immediately.

12th.—Has passed a good night; no more vomiting; pulse 80, irregular and intermittent. The discharge is thicker, and mixed with blood; pain in the head is a little easier. To have three grains of calomel every four hours.

13th.—Has passed a pretty good night; slight discharge continues; pulse 84, more regular; the neck does not feel so stiff. To have soda-water, and two pints of milk.

14th.—Complains of intense pain in the head when he awakes out of sleep; pulse 88, irregular; bowels open; tongue coated; has passed a restless night.

15th.—Has passed a tolerable night; scalp wound looks healthy; wound in the thigh looks rather irritable; head is much easier; pulse 96; tongue coated; bowels open.

17th.—Is improving; pain in the head less. The powders to be given every six hours.

18th.—Has passed a pretty good night; slight discharge from the wound of a sanguineous character; pulse 100, more regular.

22nd.—Pain in the head is decidedly easier; wound in the thigh does not look healthy; has slept well; tongue clean. To have fish diet; omit the powders.

24th.—Wound in the thigh is excavated, and the edges are red and everted. To have a conium lotion applied.

28th.—No pain in the head; wound in the thigh looks cleaner; tongue clean.

July 4th.—Wound in the thigh has a much more healthy appearance, and that in the head has nearly healed.

16th.—Is rather feverish to-day; tongue coated; wound in the thigh is not looking so healthy. To have three grains of calomel at once, and a senna draught four hours after.

19th.—Wound in the thigh is looking more healthy, and his general health seems improving.

22nd.—The thigh does not look nearly so well to-day, the edges are red and everted, and he has great pain in it.

24th.—To leave the hospital, to see if fresh air will have a beneficial effect on the sore in the thigh.

A few days ago the boy was seen by Mr. Hewett. He was then pretty well, but at times complained of pain in the head, and his mother said that he occasionally wandered in his mind.

## GREAT NORTHERN HOSPITAL.

### FRACTURE OF THE BASE OF THE SKULL, WITH A DISCHARGE OF WATERY FLUID FROM THE EAR; RECOVERY.

(Under the care of Mr. LAWSON.)

RECENT researches have proved that a profuse watery discharge from the ear, after injury of the head, is not altogether pathognomonic of fracture of petrous bone, for it has been known to occur in inflammation of the middle ear, and in fracture of the lower jaw just below the condyle. An example of the latter has already appeared in our "Mirror," as occurring in St. George's Hospital, under the care of Mr. Tatum, (THE LANCET, vol. ii., 1860, p. 536.) Yet there is no doubt, as Mr. Hewett has remarked in his article previously alluded to, that the symptom still remains one of great diagnostic value under certain circumstances. These we shall consider on a future occasion; but there are fair grounds for assuming that in the following case the serous oozing proceeded from a fracture through the base of the skull, and, as the patient's age was favourable, a recovery ensued. The last examples of this important lesion which we recorded were under the care of Mr. T. Wakley at the Royal Free Hospital (THE LANCET, vol. i. 1860. p. 492), and of Mr. Savory at the Great Northern Hospital (ibid. vol. i. 1861, p. 587), when we took occasion to refer to the previous cases which had appeared in this journal.

H. C——, aged thirty, a cabman, of rather dissolute habits, drinking freely of ale and porter, was admitted on the 10th of September, having just met with the following accident. Being rather tipsy, he was driving his cab (a four-wheeler), when a waggon, coming in the opposite direction, struck his fore-wheel, and, tilting his cab sideways, jerked him off his box. In his fall he struck his head against the curb-stone of the pavement.

On his admission he was insensible, but could be roused by loud speaking to, so as to give his name. There was bleeding from the left ear, and also from the back of the mouth, the blood finding its way into the pharynx through the Eustachian tube. He had also a fracture of the left clavicle. His head was shaved and cold applied, and his bowels were freely opened by a mercurial purge, followed in the morning by an aperient draught.

On the following day he had recovered his consciousness, but complained of pain in the head and of great giddiness.

The blood continued to drain from the ear until the end of the third day after the accident, when it appeared to be little else than serum, slightly coloured. A clear watery discharge now took place from the ear, sufficient in quantity to wet the pillow, and to require the piece of cotton wool placed within the meatus to absorb it to be changed four or five times during the twenty-four hours.

The patient progressed favourably until Sept. 27th, when he complained of much pain in the head, and of giddiness and heaviness. He had a slight external squint of the left eye, and some diplopia. The watery discharge still continued from the ear; but it was thicker, slightly purulent, and much diminished in quantity.

Sept. 28th.—The report states that the strabismus has decidedly increased, and that at times he is wandering. He has pain in the head, and very decided double vision. He was ordered a grain of calomel in pill three times a day, a blister to the nape of the neck, and an ounce of quinine mixture three times a day.

29th.—Rather better; but as the calomel was purging him it was omitted. The blister to be dressed with mercurial ointment.

Oct. 1st.—Very decidedly better. All the urgent symptoms have disappeared. There is less giddiness, no wandering, and no squint or diplopia. The mouth is not affected by the mercury. From this date he has progressed uninterruptedly.

14th.—The man still remains a patient in the hospital; but he is rapidly approaching convalescence. There is still a slight semi-purulent discharge from the ear, but only sufficient to moisten in twenty-four hours a piece of cotton-wool inserted into the meatus. The rapid cessation of the symptoms of effusion which followed the exhibition of the mercury was most striking, and its beneficial effects were fully gained without carrying it to the extent of salivation. Although the man had been a hard drinker, yet since his admission into the hospital he has had neither beer nor spirits; but his strength has been maintained by a good unstimulating diet, and with the daily administration of quinine.

## ST. BARTHOLOMEW'S HOSPITAL.

### FRACTURE THROUGH THE BASE OF THE SKULL; ABSENCE OF ANY WELL-MARKED SYMPTOMS; FATAL RESULT.

IN connexion with the subject of serous oozing from the ear, as pathognomonic of fracture through the base of the skull, we may briefly notice an instance in which that serious lesion was found to be present after death, although none of the well-

marked characteristic symptoms manifested themselves during life—not even bleeding from the ears. We avail ourselves of the account given of the case by Mr. Herbert Evans, one of the house-surgeons.

A man, aged forty-nine, was brought into the hospital, completely insensible, on the morning of the 19th Oct., 1860. It was stated that he had been suffering from delirium tremens for the last six weeks, and that he had been subject to fits. The breathing was stertorous; the right pupil was dilated and insensible, the other acted a little. He had no paralysis of either arm or leg; they were both rigid. A scalp wound was present, an inch and a half long, on the right side of the head over the squamous portion of the temporal bone. His wife said that she had missed him in the morning, and that he was found in the street in his present condition. Under the belief that the case was more a medical than a surgical one, the man was sent to Mathew ward, and placed under the care of the physician of the day. He was ordered sinapisms to the legs, and an enema. About midday a report reached the hospital that, before admission, he had jumped out of a window. A more careful examination was then made, but no fracture discovered. He lingered on till the next morning, and died at eleven o'clock, having remained unconscious the whole time.

On examining the head after death, a great deal of blood was found effused between the skull and dura mater, just beneath the external wound. There was blood effused between the convolutions underneath the arachnoid, over the whole surface of the brain. A large clot was present on the left side, between the dura mater and brain. On removing the brain, a fracture was discovered, commencing in the squamous portion of the temporal bone of the right side, and running through the petrous portion and through the sella turcica. Bloody fluid was present in the right lateral ventricle. There was no bleeding from the ear, although the petrous portion of the temporal bone was comminuted.

## WESTMINSTER HOSPITAL.

COMPOUND FRACTURE OF THE SKULL; TREPHINING; REMOVAL OF SIXTEEN SPICULÆ OF BONE; DEATH ON THE TWELFTH DAY FROM CEREBRITIS.

(Under the care of Mr. HOLT.)

THE notes of the following case were communicated by Mr. Rutherford Adams, house-surgeon to the hospital:—

Walter M——, aged sixteen, a farmer's boy, was sent to the hospital by Mr. Hutchinson, of Sutton, on the 31st of August, suffering from a compound fracture of the skull. It is supposed he had been turning some horses into a field about the time of the accident, as he was shortly afterwards found lying in a pool of blood, partly insensible, and having a horse-shoe shaped lacerated wound, of about four inches in extent, over the anterior angle of the left parietal bone. When seen by Mr. Hutchinson, he was insensible; his pupils were contracted; breathing natural, and he had considerable jactitation and grinding of the teeth. A wedge of hair which had been driven into the wound was removed apparently with relief, as he became more tranquil afterwards. In the evening he was brought to the hospital, when the house-surgeon, Mr. Adams, found him still insensible, screaming at intervals, grinding his teeth, and giving evidences of pain when the wound was examined. He could move his arms and legs freely, but was incapable of being roused. His friends, however, stated that he was usually so deaf they had considerable difficulty in making him hear. His pupils continued contracted; pulse 100; respiration 20. The edges of the wound were approximated, and wet lint applied. He passed a restless night, grinding his teeth, and occasionally screaming out. In the morning he was still incapable of being roused; the pupils continued contracted; the pulse 80; respiration 20, and without the slightest stertor or whiff; reflex action perfect; urine passed involuntarily. In the evening he was seen by Mr. Holt, who, finding him in the condition already described, ordered cold to the head, and, as the bowels had not been relieved, calomel to be placed on the tongue, and a castor oil enema administered.

Sept. 2nd.—He continues in the same insensible state; the pupils remain contracted; the breathing is natural. He frequently yawns and grinds his teeth; the urine continues to escape involuntarily; the calomel and enema have failed to evacuate the bowels. Mr. Holt examined the wound, and finding the cranium splintered and depressed, determined to trephine. As the patient was exceedingly violent during the examination he was placed under the influence of chloroform, and, the wound being enlarged, there was found a comminuted fracture of the anterior portion of the parietal bone, some fragments being driven under the margin of the fracture. As these could not be extracted by the existing opening, a small trephine was applied, and a disc of bone removed. This gave sufficient room for the elevator to be employed, when sixteen portions of bone, varying in size, were elevated and detached. The dura mater was neither injured by the operation nor wounded by the fragments of bone. The edges of the integument were approximated and retained by wire sutures, and water-dressing was applied. Two hours after the operation he appeared slightly conscious, and opened his eyes when roused, but speedily relapsed into his former state. In all other respects he continues as before. The bowels not having been relieved, a turpentine enema was given. In the evening he was more tranquil, but not otherwise improved.

3rd.—He passed a restless night, continuing to cry out and grind his teeth. The incontinence of urine persists, and his pulse ranges from 60 to 90; the breathing is tranquil; reflex action remains unimpaired. The bowels continuing unrelieved, he was ordered calomel and colocynth, and a senna draught. In the evening he was more calm; the bowels had acted, and he partook of a small quantity of broth.

4th.—The night has been more tranquil. He slept calmly for some hours, and in the morning was more conscious, driving off the flies from his face, and taking his broth and a small quantity of rice pudding with avidity.

5th.—Improving; is more conscious, and takes notice of the persons moving about the ward; pulse 72; pupils contracted; urine and fæces passed in the bed, although he makes a sign that he is conscious of their escape; wound healthy. Continue broth.

6th.—Passed a quiet night, but became restless about five A.M., groaning and grinding his teeth. He, however, recognised his parents, and when spoken to, answered "Oh, my head!" He slept a great deal during the day, and in the evening spoke less plainly than he had done in the morning.

7th.—Restless during the night; continues to moan, and when asked how he felt, answered "Very tired;" the bowels continue to act; the wound is suppurating kindly, and his pulse and breathing remain the same.

8th.—Slept heavily, but ate a good breakfast and wished for more; his mastication is improved, and he speaks plainer; pulse continues steady at 80; the breathing natural.

9th.—It is noticed that the discharge is not so healthy; the wound looks flabby and indolent; his pulse is weaker and variable; and in the evening he had a recurrence of screaming and restlessness; he has not taken food. Mr. Holt ordered a small quantity of wine and arrowroot.

10th.—Evidently sinking; pulse feeble; tongue dry and brown; skin hot; lips parched; pupils contracted; he does not remain conscious sufficiently long to take nourishment.

He gradually became weaker, and died at one A.M. on the 11th.

*Autopsy.*—Upon examining the skull, it was found that all the spiculæ of bone had been removed, the circumference presenting a uniform edge. The dura mater was uninjured, but congested, and had upon its cerebral surface a layer of coagulable lymph. The brain corresponding to the fracture presented well-marked central inflammatory softening, with a margin of bruised, ecchymosed discoloration, which permeated its substance almost through the entire thickness of the hemisphere on that side. All the other portions of the brain were healthy.

Mr. Holt remarked that the post-mortem examination revealed that implication of the cerebrum of which the symptoms during life were peculiarly characteristic. The pupils had remained contracted throughout; the breathing was natural and without stertor, the reflex action perfect, and the limbs under control. On the other hand, the variable state of the pulse, somnolence, headache, restlessness, involuntary passage of urine, yawning, and grinding of the teeth, were all evidences of a serious injury to the brain, and although unaccompanied by any special inflammatory sign, were characteristic of slow disorganization. The operation of trephining was not attended with any special relief, yet it was right to perform it for the purpose of trying to prevent, by the removal of sharp spiculæ, irritative inflammation of the membranes or brain.

## GUY'S HOSPITAL.

### COMPOUND FRACTURE OF THE SKULL, ASSOCIATED WITH EPILEPTIFORM CONVULSIONS; TREPHINING; FATAL RESULT.

(Under the care of Mr. BRYANT.)

THIS was the case of a man, aged thirty-seven, who was admitted in the early part of the present year, having fallen from a loft into a stable, and probably striking his head against some projecting body. He was picked up insensible, but had recovered his consciousness and could answer rationally when brought to the hospital. There was an extensive depressed fracture in the right temporal bone, and a clean incised wound. An hour after admission he had a fit. This decided Mr. Bryant to trephine. The depressed bone was elevated after the operation, and some blood escaped. The dura mater was found torn through at the seat of fracture, and a small artery bled from within. He was much relieved after this, and went on well for several days, when paralysis slowly came on; the breathing became stertorous on the seventh day, and death ensued.

At the autopsy, the centre of the fractured bone was found to be driven inwards on to the brain, a number of pieces of bone converging from the circumference to this point, where they were tolerably firmly fixed by the attachment of the temporal muscle; some of these had been removed at the operation. A fissure extended before and behind the depressed bone. The dura mater was soft and sloughy. Acute arachnitis was present over nearly the whole surface of the brain, but especially the left hemisphere; it was here so extensive, that a thick layer of lymph covering the brain prevented the cineritious matter from being visible. The brain itself was directly injured at the site of the fracture.

The above account is condensed from the notes of Mr. Unwin, one of the hospital pupils.

# Medical Societies.

## MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 21ST, 1861.

MR. COULSON, PRESIDENT.

DR. HABERSHON exhibited a specimen of

### ANEURISMAL DILATATION OF THE LEFT VENTRICLE.

The patient was a wire-drawer, aged thirty-eight, very intemperate, but with no history of rheumatism in his case. He suffered from palpitation, urgent dyspnœa, ascites, and anasarca. After leaving Guy's Hospital better, he was admitted a second time during the present month of October. His heart's action was now irregular and intermittent, but his chief sufferings were from his secondary symptoms, chiefly those attending the dropsy. Soon after entering the hospital, severe bronchitis supervened, from which in a very short time he died. The symptoms were such as were usually seen in mitral disease, and evidence of it was confidently looked for, but, strange to say, neither the mitral nor aortic valves were affected. But the muscular wall of the apex of the left ventricle was dilated into a sort of aneurismal pouch. Another point of interest was the state of the lung. It was the seat, in many situations, of pulmonary apoplexy, and in one of these situations the part involved in the hæmorrhage was the seat of abscess, and there was considerable sloughing of lung tissue, which would shortly have come away. What was the pathology of this case? The patient was a laborious man, and generally the stress of labour told on the aorta and its valves; but these were sound. The same might be said of his intemperance. The absence of trace of rheumatism had been mentioned. It should be added that the muscular walls of the heart had undergone fatty degeneration; the muscular fibres were granular and fatty, and in a great degree substituted by fibroid tissue.

Mr. STREETER asked if there was any history of violent muscular exertion?

Dr. HABERSHON stated that there was the history of nothing sudden either in the cause or access of the symptoms.

Mr. CANTON remarked that Dr. Habershon had raised a very interesting question as to the cause of this condition of heart. He had made, last year, an examination of a case strictly analogous. The patient had had no heart symptom; but one night his wife, on waking, found him breathing, and observing shortly after that he lay very still, found that life was extinct. The post-mortem examination showed him healthy in all other respects except the heart, the apex of the left ventricle of which was dilated to about the size of a Tangerine orange; there were in its interior layers of laminated fibrin. There was no disease of the valves; but the muscular tissue had undergone fatty and fibroid degeneration. The patient had been an active man, engaged in field sports, and, for the amount of exercise he took, not intemperate.

Dr. E. S. THOMPSON had examined some years ago an almost exactly similar case. The patient had had, just before death, pneumonia, and a great deal of hypostatic congestion about the lungs; the kidneys were also diseased. The heart had undergone fatty degeneration, and the aneurism at the apex was about the size of that in Mr. Canton's case.

Dr SALTER suggested that the simple explanation of the aneurismal dilatation in these interesting cases might be the fatty degeneration of the muscular wall of the ventricle, which existed in all of them; that, by destroying the integrity and power of resistance of the muscular fibres, would cause them to yield to the distending force of the blood when the contraction of the stronger parts of the walls was brought to bear upon them. Just, in fact, as in ordinary arterial aneurism.

### SPONTANEOUS BURSTING OF OVARIAN CYSTS.

Dr. COCKLE exhibited an ovarian cyst and portion of the bowel of a patient, in whom discharge had taken place from the cyst into the bowel, and the contents of the cyst had passed away per anum. She was about fifty years of age, and had had one or two attacks of abdominal pain, with obstinate vomiting. Soon after her admission into hospital, the ascites from which she had been suffering disappeared, and a manifest tumour was then perceived pressing upon and dislocating the liver. The tumour, evidently ovarian, was punctured, and a quantity of grumous matter voided. The woman improved, and was discharged from the hospital. Some days after her discharge, she had a feeling of something giving way within her, and a peculiar matter came away from the bowel, which at once made it clear that rupture of an ovarian cyst had taken place into the intestine. The woman soon died, and at the post-mortem examination it was found that the perforation had taken place into the rectum. The liver was greatly enlarged, and had undergone fatty degeneration. What was very curious was, that the woman had congenitally but one kidney, which weighed nine ounces and a half. There was not a trace of a ureter or kidney on the other side.

Dr. HABERSHON had seen several such cases as that related by Dr. Cockle, but not generally with so large a cyst. In one case a single small cyst had communicated with the cæcum.

Dr. SALTER mentioned the following particulars of a case of the same nature:—An old, single lady had suffered from ovarian dropsy for a long time, and had, on a great number of occasions, had an incredible quantity of fluid drawn away from her, without, however, any permanent benefit; it seemed, indeed, to gather more and more quickly. Suddenly one day something ruptured within her, and she became immediately flooded from fluid which burst from her vagina, into the upper part of which it was found that the cyst had ruptured. The discharge continued till the cyst was completely empty, and, what is very remarkable, it never refilled. The cure was final, and the patient died some time after of some other disease.

Mr. HARDING related a case in which the discharge took place into the bladder. The woman at the present time is in very good health.

Mr. HENRY LEE had some time ago examined the case of a woman who had had a discharge from the bowel for some time. It was found that each ovary was the seat of abscess, which had communicated with the intestine.

Dr. LEARED mentioned the spontaneous discharge of an ovarian cyst externally; the patient died.

### THE CLIMATE OF SCARBOROUGH.

Dr. EDWARD SMITH brought before the Society the great value of Scarborough as an autumn and winter residence for consumptive patients. The temperature was ten degrees higher in winter than London, and the wind in the autumn generally westerly; and, as a rule, there was no fog. He explained the warmth as on account of the immense bulk of deep water close into shore.

Dr. WEBSTER wished to know the average variation between the hottest time of the day and the coldest of the night, as that was the most material point in climate in relation to disease.

Dr. HABERSHON desired to know if the observation on the winds had been made for long, as he had known several instances of people obliged to leave Scarborough on account of the easterly winds.

Dr. SMITH said that the observations on which he founded his statements were to be found in the Registrar-General's Returns, and repeated that, as a rule, westerly and south-westerly winds prevailed.

PARALYSIS FROM DISEASED BONE.

Mr. HENRY LEE showed a portion of bone, removed by the trephine from the head of a patient under his care in St. George's Hospital. It was interesting as showing the condition of the bone producing the symptoms from which the patient suffered. He had lately had several cases of trephining for diseased bone of the skull. In one case now under his care, the diseased bone might be felt; there was gradually increasing loss of power on the same side. In another case the diseased bone was on the side opposite to the nervous symptoms; there was no loss of power, but a convulsive affection. In another case there were loss of muscular power of the lower extremity, and deafness; the woman completely recovered both her hearing and the use of her leg. In another case the recovery of the hearing was complete. The point he particularly wished to impress, was the difference between these cases and those produced by pressure. The former produce the symptoms on the same side, the latter on the opposite side. He considered these cases, in which diseased bone produced nervous symptoms on the same side of the body, to be instances of reflex nervous paralysis, &c. In all the cases but one there was disease of the external table, and all but one were syphilitic.

Dr. CAMPS inquired the duration of the deafness in these cases.

Dr. SALTER asked what indications, in absence of any evidence of disease in the outer table of any part of the skull, Mr. Lee would consider as sufficient proof that disease of the inner table existed, and exactly where that disease was; also what he would, in the absence of such external evidence, consider as constituting sufficient warrant for performing the operation of trephining, and selecting the spot at which to perform it.

Mr. LEE replied that in all but one of the cases in which he had trephined there was disease of the outer table sufficiently indicating the existence and site of the disease; in that one case the middle table was diseased as well as the inner. If in any given case he was called upon to operate, and there was disease in the outer table, he should be guided as to the existence and seat of bone disease by the opinion of a physician. He believed that our dread of the operation was exaggerated, and that we had too much drawn our conclusions from the operation where inflammation of the membranes of the brain existed. He thought the opinion that it was as safe to trephine the skull as the tibia very near the truth.

# Reviews and Notices of Books.

*Guy's Hospital Reports.* Edited by SAMUEL WILKS, M.D., and ALFRED POLAND. Third Series. Vol. VII. pp. 395, and Seven Plates. London: Churchill.

THESE Reports from the Borough are always welcome. They manage so well to steer clear of too much science upon the one hand, and too much art upon the other, as to make them about the pleasantest and most useful reading of the serials of the day. They show us that they are quite up to the most advanced steps in morbid anatomy, histology, microscopy, and chemistry, at the same time that they do not suffocate us under a cloud of useless or doubtful transcendentalisms in these departments. Again, whilst the illustration of practical clinical medicine is evidently the goal to which their contributors' labours are mainly directed, we are saved from being treated to extracts from clinical case-books and nothing more. Of course we are now speaking of the general character and scope of the "Guy's Hospital Reports." One volume will slightly vary from another; this year we may be a little overdosed with science, that year we may have been treated with a little too much art. Dr. Pavy, for example, may press us very hard one October about the hidden chemistry of the liver, and the next October he may have to contradict what he has previously said. Or Messrs. Birkett and Bryant may give us too many pages of what seem old leaves from the case-books or the Museum Catalogue. But the rule is that the Borough volume shall present us with a well-adjusted mixture of the scientific and practical, produced at a manufactory of ample resources.

The first paper we shall refer to in the present volume is one by Dr. Hicks, upon the "Existence of Kiestine in the Virgin and Sterile States." Seven cases are alluded to, which, as the author remarks, though not numerous, are sufficiently decisive to prove that impregnation is not necessary to the production of kiestine. Case 5 must be considered to completely settle the question. A healthy young woman—*e. g.*, aged twenty-one—had imperforate hymen. The catamenia were retained, distending the vagina to the utmost, the uterus being of the size of a large fist, and reaching to the umbilicus. The kiestine was well marked in the urine, and there was not any milk in the breasts. The conclusion of the author from his inquiries is as follows:—

"Kiestine has been hitherto considered so decisive a test of pregnancy,—at least some time or another,—that when found in the unmarried woman, it has condemned her character at once. That this is correct in the majority of cases I have no doubt; but to apply it to every one is an instance of arguing in the circle, tending to mislead the practitioner, and to do injustice to the innocent."

It is but fair to the memories of Drs. C. K. Kaine and R. C. Golding to state that those writers had suggested that the presence of kiestine could not be absolutely relied upon *in the fruitful* as a sure test of pregnancy.

Mr. France details three instances of a very rare affection—namely, "Syphilitic Blotch of the Conjunctiva." Sixteen years had elapsed between the occurrence of the first and the third examples at Guy's. A characteristic plate accompanies the paper. Desmarres, in his large experience, never met with this affection; nor is it figured in the illustrated works of Ruete, Dalrymple, Sichel, or Dumours. According to Mr. France, the credit of priority of observance is due to Mr. Smee, who recorded a case as far back as 1844, in the *London Medical Gazette.*

We have also a "Case of Diabetic Cataract" from the same pen. It is narrated by way of appendix to the series previously given by the author in these and the Ophthalmic Hospital Reports. The peculiar character of the cataract in the present instance corresponded accurately with the earlier description of these cases, and unhappily also illustrated but too forcibly the peculiar risk and uncertainty which attend their treatment.

From Dr. Wilks we have a good practical "Report on Pyæmia and some allied Affections." The author states his adhesion t the theory that the elements of pus or some allied matters are introduced into the blood, which then induce similar inflammatory products elsewhere. He shows, also, that in a majority of cases of pyæmia, mischief to bone is involved; next to which, as the more frequent source of infection, is a diffused abscess in the cellular tissue or amongst the muscles of a limb. The paper is based upon 173 cases, and will well repay both physician and surgeon in its perusal. Though with plenty of pathology in it, it is a richly suggestive guide for bedside practice. We offer the following extract for the consideration of our young surgeons who may be dying for a new idea:—

"To the latter we may adopt the term 'cachectic'..... A man with these appearances, although he may have been employed up to the time of his accident, is in a very different condition from one with a moderate amount of fat and a dark, well-developed muscle. The former is very likely to die from the effects of the injury or operation, and death is attributed purely to these; whereas the condition of the body has been the main instrument in bringing about the result. We think surgeons scarcely give themselves credit when, overlooking the condition of the body, they attribute death simply to an accident or operation. Thus we have repeatedly seen the reports of cases of hernia without any reference to the condition of the viscera; and although we know peritonitis is only too liable to

be lighted up after the operation, yet we cannot but think that a predisposition exists should the patient be the subject of 'Bright's disease.' Now diseased kidneys we have constantly met with in old patients who have died from hernia."

In Dr. Hicks' "Remarks on Cauliflower Excrescence of the Os Uteri" will be found some new suggestions relative to the operation of excision of the *cervix uteri*. In those cases under his own and Dr. Oldham's care in which removal of the cervix, or of such portions of the growth as admitted of it also, was accomplished, great benefit accrued to the patient; but for permanent advantage it is clear that removal must be performed so soon as the diagnosis is satisfactorily established. In those cases where the cervix can be brought within the scope of the "chain-écraseur," this is a safe and convenient instrument to employ; but where it is impossible to bring down the uterus, it is useless, since the chain will not act otherwise than in a straight line with the shaft. To obviate this difficulty, Dr. Hicks has devised a modification of a rope made of annealed steel, of the strength of the chain, passed through tubes like those of Gooch's double canula. By means of this instrument the cervix can be cut through without dragging the uterus down. The author observes:

"To pronounce, therefore, the removal of the cervix, under the conditions above shown, either a hazardous or a useless operation, as its removal was formerly designated, is wide of the truth of the case.....It is under these circumstances [the use of chloroform] that the excision of the cervix uteri in this form of malignant disease, by the wire-rope or chain-écraseur, is a comparatively easy and safe operation; and at least the cases above related were without any untoward symptom; and I would recommend, in every case possible, that this treatment be adopted, removing the cervix as high up as possible, to afford a better chance for complete extinction of this miserable disease."

We have a description of "An Uncommon Form of Hernia," by Mr. Birkett; of "Compound Fracture and Dislocation of the Astragalus," by Mr. Bryant; and of "Severe Mutilation of the Forearm, with Extensive Loss of Bone," by Messrs. Eager and Cock. Under the modest title of a "Description of some new Models," &c., Dr. Wilks offers some remarks which will be found of much practical interest to such as are fond of the study of diseases of the skin. Dr. Gull's memoir "On Paralysis of the Lower Extremities, consequent upon Disease of the Bladder and Kidneys (Urinary Paraplegia)," though nearly last in position in the volume, is about first in importance. It puts a difficult subject in the clearest light which our present knowledge will permit of, and tends to render more than doubtful many of the off-hand explanations which have been given of many both real and assumed cases of the affection in question. What particular fresh item of information Dr. Pavy has arrived at after his "Researches on the Influence of various Articles of Food upon the Elimination of Sugar in a case of Diabetes," &c., we do not know. He has certainly given himself much trouble to re-prove that which has never been doubted. Dr. Pavy assures us that he has become convinced of the influence of a strictly animal regimen in reducing to a great extent the elimination of sugar in diabetes, and gives us some elaborate tables, weights and measures, daily reports, and much writing to show us how he arrived at this position. All that we can say is, we were taught this twenty years ago, and taught it, too, as an old doctrine.

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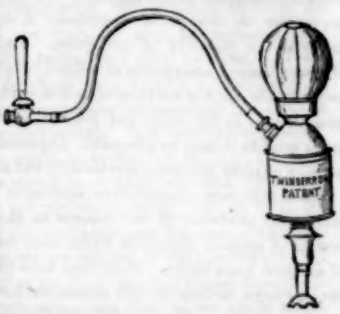
*The Method of Drill, the Gymnastic Exercises, and the Manner of Teaching Speaking used at Essex-hall, Colchester, for Idiots, Simpletons, and Feeble-minded Children.* By P. MARTIN DUNCAN, M.B. Lond. pp. 32. London: Churchill.

WE recommend the perusal of these pages to all such as have the painful duty of rearing and educating children who are mentally defective. The scheme here portrayed is the result of practical observation, and one the effectiveness of which has been proved at a public institution. To those who may desire to go deeper into the question of the "Speaking Lessons," the work of Seguin ("Traitement, &c., des Idiots," Paris, 1846) will be necessary, since the sketch here given of a plan of teaching idiots to speak is of course incomplete. From Seguin's system that of Dr. Duncan differs to some extent; but the knowledge of the latter will form a good introduction to an extended acquaintance with the theory of the well-known French writer.

# New Inventions
## IN AID OF THE
## PRACTICE OF MEDICINE AND SURGERY.

### TWINBERROW'S DOUBLE-ACTION SYPHON SYRINGE.




UNDER this name Mr. Twinberrow has recently invented an ingenious little instrument, which appears likely, from its extreme simplicity of construction and perfect efficiency, to come into general use. The chief merit of this invention is, that a continuous stream of fluid is maintained. By a slight pressure of the fingers upon an elastic bottle attached to a reservoir, (as seen in the engraving,) the desired end is accomplished; thus avoiding the trouble attending the ordinary pumping apparatus. It is portable, cleanly, and not liable to get out of order, and is fitted with a series of tubes, which qualify it either for the ordinary purposes of an injecting apparatus, or as an eye douche or ear syringe. It has been successfully used for washing out the bladder.

### REMOVAL OF A NEEDLE FROM THE CAVITY OF THE ABDOMEN OF A CHILD,
THE MAGNET PROVING ADVANTAGEOUS IN DISCOVERING IT.

*To the Editor of* THE LANCET.

SIR,—The following case appears to be almost parallel to that of Dr. Gibb, published in THE LANCET of the 12th inst., p. 347:—On November 24th, 1858, E. W——, aged two years, the son of a tailor in this town, who, in the absence of his mother, climbed someway to the table, and amused himself for a time with the pin-cushion, which contained needles. When the mother came in, she went to displace him, but the child screamed and cried very hard, and nothing would pacify him; so the mother suspected that he must have injured himself with the needles. She made an examination, and found a small speck on the abdomen, about an inch and a half above the umbilicus, in the linea alba. On my arrival the child was still crying. I had him placed on his back. I perceived, as I thought, the end of a needle. While the child cried, the abdominal muscles contracted, so as to keep the end against the parietes. I made a small incision through the integuments, but I could not discover its whereabout. Then I applied the *magnet* to the wound, and secured it there with a bandage. Called again in the evening to see if it could be discovered, but no better result; the child was tranquil. Next day again; the same result; the child appeared quite free from pain. On the third day (the 26th) the magnet was still on. After removing it I could distinctly perceive the end of the needle. I cut down upon it, and removed it with a pair of dressing forceps. It was a fine lady's needle, about two inches in length, and appeared rather rusty.

The child recovered without a bad symptom. I was guided here entirely by the suffering of the child; and watching peritonitis, I thought it would be better to apply the *magnet* than to open the cavity of the abdomen without being certain of its whereabout.

I am, Sir, your obedient servant,

R. RICHARDSON, L.R.C.P. Edin.

Rhayader, Radnorshire, Oct. 1861.

# THE LANCET.

LONDON: SATURDAY, OCTOBER 26, 1861.


IN these days of presumptive progress in medical education, it is well now and then to cast a look backwards into the early history of medicine. We are always apt to incline to the weakness of self-complacency, to extol our practical superiority, and to hold in slight esteem the *laudator temporis acti*. There may, nevertheless, lurk a fallacy in the assumption that every innovation or change is necessarily a developmental step towards the maturity of perfection. As, according to the DARWIN theory, one species of animal or plant may be swept away by the greater voracity of a less noble creature, so it is possible that in the moral and political world a system having much good in it may be altogether displaced by another, more popular or more generally serviceable, but not more sound.

With this very conservative sentiment for a preface, we invite the attention of our readers to the last vestiges of a system of medical education which once was the main source of medical knowledge. Those who have turned their steps to the northern metropolis will remember how keen the rivalry has been between the protectionist University and the free-trade Extra-Academical Schools. Even now the jealousy of the times of old is not quenched. We doubt very much whether the robed professors of the Edinburgh University regard the teachings of the self-anointed lecturers outside as quite orthodox. In London, henceforth destined to be the great medical school of Great Britain, there has, happily perhaps, been no teaching University, and no patented professors. But of late years the great hospitals have each assumed a position and an authority in many respects analogous to that held by the University of Edinburgh. They have gradually acquired an almost complete monopoly of medical education; and it is not a little remarkable that this monopoly is not, as in Edinburgh, the result of University influence, but in direct opposition to the free genius and open constitution of the University of London. Divide the metropolis into a dozen cities, each containing its hospital,—and each division would furnish forth a highly respectable University-town,—and we see before the mind's eye twelve medical Edinburghs, the main difference being that the metropolitan schools are all associated with one University, which expressly repudiates the exclusive principle of medical teaching. This monopoly has gained strength in spite of the University; indeed, when the London University was founded, several private schools still existed. Now but one lingers on the stage. Thirty, nay, only twenty years ago, the most energetic, the most successful schools were not connected with the hospitals. In some instances, not long before, some of the hospitals had no schools at all. The hospitals were literally and simply "walked." The teaching there was all peripatetic. What the student could pick up by following the hysicians and surgeons round the wards, or by looking on at e performances in the operating-theatre, to that he was welcome, with the condition, however, that the crumbs so picked up must be strictly reserved to his own use; he was on no account to divulge his knowledge; reporting a case observed, or a clinical oracle uttered, within the precincts of an hospital, was a crime compounded of treason and theft. And the services of this journal, which forced the hospital-gates, and gave to the world what was looked upon as material of commerce for the benefit of a few, were not, we need scarcely say, appreciated or acknowledged with the gratitude they deserved.

Knowing well—having borne a great part in the work—what immense reforms have been effected in hospital administration and tuition within the last thirty years, we cannot look back without a feeling of regret upon the disappearance of those private schools where independent energies and friendless talents were nurtured; where the medical sciences were long best taught, and which applied the spur of competition that aroused the hospitals from the torpor of indolence and the oppression of self-conceit. If we go still further back, we shall the more clearly recognise the immensity of the debt which modern medical science owes to private enterprise. In the sixteenth century there was, strictly speaking, no medical school in England. Although hospitals had been founded, none beyond desultory or the most imperfect instruction was given in them. All those who sought for medical knowledge sought it in the schools of Italy, France, or Holland. In the seventeenth and eighteenth centuries, this reproach still adhered to us. There arose, indeed, from time to time, great anatomists who gave public lectures; there were masters in physic, surgery, and midwifery who publicly taught their art. But these men almost exclusively began their vocation as private teachers; they lectured at their own houses, or in hired apartments; hospital-walls gave them no shelter. Even down to the present day, there is one department of Medicine that has not yet been admitted to equal participation in the scheme of hospital administration and tuition. We believe that there is not at this moment a metropolitan hospital in which obstetric medicine is suffered to stand on an equal footing with physic or surgery. Under the pressure of public and professional opinion obstetric physicians have been attached to, and courses of lectures on midwifery are delivered in, the hospitals; but the position of the representative of obstetric medicine is one of tolerance rather than of acknowledged equality. English obstetricy which now holds a conspicuous, and, if the saving of human life be the highest title to honour, the foremost, place in the world of science, has grown up, and has flourished, solely under the care of private practitioners and independent teachers. In the early part of the eighteenth century Sir RICHARD MANNINGHAM established a small lying-in ward in the infirmary of St. James's, Westminster—the first institution of the kind in Britain; there he gave regular lectures on midwifery. At the same period, or even before MANNINGHAM, MAWDRAY lectured on the same subject at his own house. The work was successively carried on in a similar manner by EDMUND CHAPMAN, SMELLIE, DENMAN, OSBORN, DOUGLAS, WILLIAM HUNTER, and others. All were private lecturers. A corresponding statement would be hardly less true of anatomy, surgery, and medicine. Within the fresh memory of many of the most active and eminent of living practitioners, the private schools of the GRAINGERS, of SAMUEL LANE, of Windmill-street (where CRUIKSHANK was succeeded by WILSON and by BRODIE), of Aldersgate, and the Hunterian, were often more honoured than the hospitals. At their foundation the University College—although founded under the title of the University of London—and King's College also were essentially private schools. Now, hospitals have grown up as necessary appendages to

these institutions, and they are in some danger of contracting the bigotry and intolerance that still cling, although with diminished vitality, around the pure hospital schools. It was in their character of independent private schools that University and King's Colleges wrought the most beneficial influence upon medical education. Courses of lectures upon subjects never heard of before within the hospitals, upon which information had never been required in Lincoln's-inn or Pall-mall, were instituted. The University of London was the immediate offspring of these private schools. From them she draws her principle of free instruction; not teaching herself, but erecting a standard of teaching under which all schools, hospital or private, may enlist, and maintaining an honourable rivalry, inciting all to industry and progress. So little akin was the new University to the ancient hospitals, that for some years after its foundation it was systematically frowned upon and sneered at by old hospital physicians and surgeons, and students who avowed their intention to graduate were looked upon as men infected with a revolutionary spirit.

That institutions which have done such useful work, which have reared so many eminent men who must otherwise have pined under the cold and desolate shade of monopoly, should have no more to do, we cannot willingly believe. Our hospitals still "breed in and in" too much. They constantly tend to nourish abuses. The incentive of reciprocal emulation is hardly sharp enough to keep alive the spirit of improvement. The play of the extra-academical or free system is still needed here as in the North. It is wanted to train a race of original teachers prompted to the work by the innate consciousness of merit; it is wanted to animate the hospitals with a living sense of duty.

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IF we take the Reports of the Registrar-General as our guide, we may assume that at least 80,000 persons die every year in England from malignant disease, phthisis, and organic maladies entailing dropsy. Of this number, one-half probably is made up from the poorer classes. A vast proportion of this number, again, must be represented by persons who, at least during the later stages of their complaints, are necessarily rejected by the more than two hundred hospitals maintained for the relief of curable diseases. The mere handful which the Hospital for Incurables at Putney receives deducts but a unit from the mass of these unfortunate sufferers. Where, then, do they go to? Where is the asylum they seek in the last days of their uncompassionated misery? A few linger on at home, and pass their weary hours of pain and unrest in the close and miserable rooms of our narrowest courts and alleys. A burthen to themselves, they become a helpless load of anxiety to others, who, finding it almost beyond their means to support the working bees of the hive, are overwhelmed by the drones from incapacitating and incurable sickness. Nevertheless, as out-patients of hospitals or dispensaries, or as attended by the district officers, the majority of these people prefer to remain and die where they are, surrounded by their friends or relatives. The remainder draft off into those refuges for the destitute, the workhouse infirmaries. In these places is to be found the greater number of poor incurables the duration of whose unrelenting maladies is at all prolonged. It is true that doubt has been expressed as to the number of this class existing in our Union houses. Upon making inquiries at four of the metropolitan institutions, the medical officers returned to Miss L. TWINING these answers:—In one Union, containing 600 inmates, at least 60 were considered to be incurable from disease; in another, with 400 inmates, 30; in another, with 650, 70 or 80 were of this class; which, it must be remembered does not comprise the bedridden from old age alone. Statistics collected a few years ago showed also that 50,000 sick persons passed through the metropolitan houses in one year, but how many of these were cases of permanent and continued sickness could not be ascertained.

As the voluntary charity of our hospitals is necessarily retained for the benefit of curable or at least hopeful cases, it cannot pretend to offer an asylum for even the temporary alleviation of a host of incurables. Nevertheless, through the interest of influential governors, the next to impossibility of removal when once the patient has been received, and the scientific importance of other cases viewed professionally, a great number of evident incurables do pass their last days in the wards of our ordinary hospitals. If it were not so, indeed, the Union infirmaries would be crying out terribly, and ratepayers and guardians would be at their wits' end. But with all the help of public and private commiseration, it is to the involuntary charity of the workhouse that the mass of the most piteous victims of disease are obliged to fly; and what kind and amount of solace they get from this, it is almost superfluous to point out. The particular state they labour under unfortunately happens to be just that which receives least relief from the workhouse system. Of medicines and drugs they need comparatively little, and the amount of food required is but small. What are needed are comforts. A little tender nursing other than by a pauper nurse, a cushioned chair to sit in occasionally by the bed-side, an extra flannel or other clothing, a pillow to lean against, or a bed-chair to give support, a small quantity of varied and delicate food, a draught of some refreshing or effervescing drink, &c., all tendered with a little sympathy and kind forbearance. These are what are wanted to smooth a little the rough pathway to the grave, which is paved by the compulsory charity of the workhouse system. By such things as these it is that the kind and affectionate relatives of the sick of the better classes strive, and not unsuccessfully, as we all know, to mitigate the pains and penalties which attend the latter days of fading humanity. And surely it is wrong to suppose that the wants of the rich and the poor differ very essentially when they are sick, whatever they may do when in good health. Human nature in disease and decay exhibits the same wants and craves like alleviations. The ploughman in a fever thirsts for cooling drinks not less than the gentleman. As a philanthropic lady, Miss F. P. CONNE, touchingly observes—

"The great leveler, Death, approaches all pretty much alike. In the twilight which precedes that solemn night all the varied hues of this life fade away one by one.....The belief in any essential difference would vanish from the mind of anyone who tried the experiment of giving a few luxuries to workhouse patients. I once saw a pauper eating some fine hot-house grapes which a lady had given her. It will be a long time before I forget the expression of that pale, worn face, with its shaven head and hollow cheeks, the sense it revealed of inexpressible relief, and wondering pleasure at the all-unknown flavour of the rich fruit. When she had finished her bunch of grapes, she sank back in bed, looking after the lady as she left the ward. She could not raise her voice to speak a word of thanks, but assuredly none was needed beyond that look."

Now, is it possible by any means which shall not increase the obligations of ratepayers and the cares of guardians, nor induce persons to enter Union infirmaries whose friends may be fairly called upon to maintain them at home, to provide our pauper incurables with such comforts and little luxuries as they are now debarred from obtaining? Cannot the Union sick-ward for incurables be rendered a somewhat less cold and gloomy habitation of despair than it now too often is? Some large-hearted and large-minded individuals have devised a feasible scheme to this end. And to their honour be it spoken, the first and chief movers in the project have been philanthropic *women*. Soon after the Social Science meeting, held at Glasgow last year, we introduced the plan proposed by the Misses ELLIOT and COBBE to the notice of the profession. This scheme, we may recall to mind, included as chief items the following proposals:—First, that "incurables," when driven to the workhouses, should not be there looked upon and treated as "bed-ridden paupers," but as patients, and placed in distinct wards. Secondly, that at least one paid and trained nurse should attend upon such patients. Thirdly, that private benevolence should have free access to these wards, and into which it might introduce, at its own expense and labour, all such comforts and luxuries as the poor inmates require, but which the Union system does not supply. By this means the ratepayers would not be put to any further expense than they were already at, a proper *surveillance* would be kept over all the patients, and a vast amount of suffering receive alleviation and sympathy at a time when of all others they are most required. To practically carry out these objects a "Workhouse Visiting Society" was formed, with Miss TWINING for its secretary.

Upon this interesting subject a second paper has just been read at the Social Science meeting at Dublin. This paper is now published,* and affords a demonstration of the practicability of Miss ELLIOT's proposition for the relief of workhouse incurables. We are told that, during the past half year, the suggestion has constantly gained ground, and seems to be infiltrating the not very friable soil of the guardian intellect. In several workhouses the proposal has met with approbation, and has been partially adopted. A number of these institutions have also been opened to visitors generally without the establishment of special wards. To assist such visitors, a central fund has been opened ("The Fund for Destitute Incurables," at Messrs. TWININGS) to afford grants to local funds which are struggling in the cause. To the general fund £237 have already been subscribed; and we most sincerely hope that it will not be long before the Misses ELLIOT, COBBE, and TWINING see their scheme well carried out, and which result we feel assured will repay them beyond everything. If there be one office more holy and noble than another it is that which these ladies have proposed to themselves; and we feel satisfied that few will be able to peruse the history they have given of the nature and necessities of their cause without doing something towards its promotion.

* The Sick in Workhouses, Who they Are and How they should be Treated. By Frances Power Cobbe. With an Appendix, by Louisa Twining. London: Nisbett.

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THE intellectual world reveres the name of JOHN LOCKE for his services to mankind. Somersetshire, the county of his birth, is eager to possess a visible memento of this association by erecting a memorial bust. Medicine, which may claim the philosopher for her own, will with just pride aid in the work. It may well be doubted whether LOCKE would have been able to throw such a brilliant light upon mental physiology had he not enjoyed the advantages of a medical education. His writings literally shine with perspicuity in comparison with those of most of his non-medical contemporaries and successors. Mr. ARTHUR KINGLAKE is active in raising a subscription list. The bust is to stand as a companion of ROBERT BLAKE, the great sailor. A model has been prepared by Mr. E. G. PAPWORTH under the eyes of Mr. BAILY, the fine bust by ROUBILIAC being used as the groundwork. The expression of pain visible in so many portraits of LOCKE, particularly in the Oxford portrait, has been happily, and we hope without loss of faithfulness to the original, got rid of. In the last century some members of the Royal Society originated a subscription for a monument to LOCKE in St. Paul's Cathedral; but from lack of interest or energy the undertaking failed. The present project, supported as we hope it will be by national, local, and professional spirit, cannot fail.

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# Medical Annotations.

"Ne quid nimis."

## THE HERBERT CONVALESCENT HOSPITAL.

IT is a source of congratulation that the national memorial to Lord Herbert, in progress of organization, is likely to assume the form which we indicated at the first as suitable to the character of that distinguished philanthropist, and commemorative of his services in a beneficent and useful manner. It is decided by the friends of Lord Herbert that a convalescent hospital shall be erected, as we proposed, under the title of the "Herbert Convalescent Hospital." There is no more fitting manner of perpetuating the peculiar sympathy and regard which Lord Herbert entertained for his suffering fellow-men. The Hospital at Fort Pitt, which was completed under his auspices, in connexion with the Military Medical School, has since his death been named the "Herbert Hospital" by her Majesty's gracious command. Large funds have been contributed by a few gentlemen having the character of the deceased nobleman dearly at heart; and progress has been made towards carrying into vigorous effect a scheme which is now only in its preliminary stage, and which will demand active organization and large funds. The services of Lord Herbert were national; the grief for his loss was very wide spread: no doubt this testimony of regard will be sustained by contributions from all sides. The first movers have therefore very wisely decided not to give to this hospital a purely local or provincial character, but to found its operations on a basis which will be as wide as the sources from which it draws its support. Mr. Estcourt writes to a friend:—

"Our real meaning (so far as I may be accepted as an interpreter of it) is this: that, having secured within our own county a statue which is a memorial that we Wiltshire men like to possess at our county town, we are desirous of combining our efforts with those other friends and admirers of Lord Herbert throughout the kingdom, including the army, in establishing a Convalescent Hospital—not at Salisbury, but on that spot, wherever it may be, in which the air, soil, and position of the ground, together with facility of access, seem to present the most favourable prospects for the recovery of convalescent patients. The subscribers, when the list is closed, must determine what class of patients shall be admitted, and under what conditions. If the army should resolve to take a share with us in this good work, they will, doubtless, propose certain rules or conditions beforehand, and make their concurrence depend on our acceptance of such conditions. We shall, on our part,

require that room shall be provided in proportion to our contributions for convalescents sent to the establishment from the Salisbury Infirmary and the county generally; but I am sure that neither the army nor any admirer of Lord Herbert need be deterred from accomplishing what all would allow to be a much needed and most useful work by an apprehension that the Wiltshire portion of the subscribers would put forward any narrow or local pretensions. We wish to see a good object attained in the name and to the honour of our friend, and we shall be better pleased to take part in it in common with the rest of the nation than exclusively on our own separate account."

These intentions will shortly be further developed at a large public meeting in London, at which the Duke of Cambridge will take the chair; and there can be no doubt that this plan will be successfully carried out.

## THE VALUE OF SANITARY TEACHING.

MANY persons are disposed to introduce every kind of material improvement, who are yet unable to discern the immediate connexion between material and moral progress. They would trap drains, clear cesspools, ventilate rooms, and purify the water; but they do not see the use of teaching physiology and hygiene to the masses. Enough that the doctors and the civil engineers should concern themselves with this, which is their business, and let the people learn what immediately touches their own affairs. Medical writers are supposed to have a personal and professional bias in favour of such teaching; it is pleasant, therefore, to hear the authoritative voice of one of the most sensible and clear-headed of our public men raised in plain exposition of the value of such teachings, and their practical relation to social welfare. Lord Stanley has done this in words which deserve to be recorded here:—

"As to the advantage of elementary teaching, of those simple acquirements which are the key to all knowledge, and without which it is hardly possible to get on in life, no one raises a dispute; but it is questioned whether anything beyond this is useful in the class of life from which mechanics are taken. Well, I say, first, no man doubts the importance of health. To the poor man it is capital, it is bread, it is independence; with all men it goes far to make the difference between a happy or unhappy life. There is no more real or tangible benefit which you can confer upon a people than when you reduce the rate of mortality and lessen the amount of disease. In the United Kingdom it is estimated that people ought not to die at the yearly rate of more than 17 in 1000; they do actually die at a rate greatly exceeding this—I think, on an average, 22 or 23 in the 1000. Now, here we have, with our population of 30,000,000, more than 100,000 lives yearly thrown away. What kills them? Not overwork, not famine, not, in the majority of cases, the hard necessities of their condition; but ignorance—ignorance on their own part, or on that of society, of the physical laws of our being. No doubt there are unhealthy and dangerous trades, there are lives shortened by actual want, but these are comparatively few; every doctor will tell you that an immense saving of life would take place if only some three or four simple things were estimated at their true value—pure air, pure water, sufficient drainage, and healthy bodily exercise for those who lead sedentary lives. Some one may answer me, 'These are matters, except the last, with which landlords and local authorities have more to do than the people. We can't choose the houses we will live in. We drink the water supplied to us. We breathe the air around us, such as it is.' 'Well,' I reply, 'but if the people take interest in these things, if they understand their immense practical importance, there is no danger that landlords or local authorities wont do their duty. If smoke nuisances are allowed to go on because nobody will exert himself to put them down; if good water is objected to because it costs a little more in the rates; if streets and alleys are left mere nests of fever and pollution for want of a few drains,—the fault is not with individuals here and there, the fault is with the public at large, without whose support and encouragement, in an age and country of popular measures, no important work can be carried through.' Then as to the habits of those whose occupations are sedentary. I suspect few of us are aware how rapidly a close in-doors existence, where the brain alone is worked, and the muscles do not get fair play, extinguishes health, strength, and in time life itself. Every great city is fed by the influx of strangers from outside. Few, if any, keep up their numbers without such immigration. That is a startling state of things; and it need not be so. Men may live in masses without poisoning one another, and they may be prosperous men of business without sacrificing health to wealth. But they must first have a clear idea of their bodily nature and its requirements, and that is a kind of knowledge which surely can never be out of place."

## ABORTION.

THE charge of causing death by endeavouring to procure abortion against Mr. Vale, an apothecary, and Gorrett, the husband of the poor creature who died, has this week been before the Central Criminal Court. The Recorder, in calling the attention of the jury to the circumstances of the case, observed that unless some additional evidence were laid before them to that which appeared in the depositions, it seemed to him that the charge rested almost entirely upon a statement made by the deceased woman shortly before her death. As a general rule, the law could not give effect to any evidence except that which was given on oath by a witness; but in the event of a statement being made by a person who was at the point of death, the law made such statement admissible, if it should appear that at the time it was made the party making it entertained a distinct belief that he was at the point of death, and would not recover. A statement made under such circumstances was regarded by the law as being invested with a solemnity equal to that of a deposition made upon oath; and they would therefore have to consider whether it was established to their satisfaction that at the time the deceased made the statement referred to she really believed that she would not recover. Undoubtedly, according to her declaration, the offence would appear to be clearly established; but he thought it right to state that it appeared the deceased imagined she was suffering from another cause, and might probably have been under the impression that she would recover. If this were so, her statement would not be admissible. The jury, having heard the charge of the Recorder, and examined the evidence on which the bill was framed, ignored the first charge against Vale, returning a true bill against him for manslaughter, and ignored altogether that against Gorrett.

## THE DEATH OF MR. PITTARD.

THE premature death of Professor Quekett at the College of Surgeons, Lincoln's-inn-fields, has been followed by the news of the unexpected decease, under very painful circumstances, of another of the most earnest and able *élèves* of the school of that museum. His friend and fellow-labourer, Mr. Pittard, after many years of zealous dissections and investigations of zoological and anatomical questions of interest, finding the means of living irksome and difficult, and being unequal to the extent and kind of exertion necessary in a large practice amongst the poor, left this country, where he had done much for the sciences of anatomy and physiology, and accepted a position as Curator of the Museum at Sydney. He has been suddenly cut off, under circumstances similar to those attending the demise of poor Quekett, as far as any provision for his family is concerned; but he is less fortunate in official relations productive of any provision for them. He had not, indeed, earned his first year's salary. Hence he has not that posthumous claim upon the generosity of his employers which attached to the memory of Quekett, and which the College of Surgeons of England are, we understand, likely liberally to recognise by an annual pension to his family of £200 a year. In the case of Prof. Quekett such a provision was demanded in justice to his prolonged term of service, at a very moderate remuneration. But no such liberality can be anticipated at the hands of a Council who have received barely a year's service. There must be many who personally knew the worth, ability, and industry of Mr. Pittard; many whom

he has obliged and served; many more, we hope, who are both disposed to sympathize with the fate of a man who has devoted to scientific pursuits a life of which the labours have been so ill repaid, and are able to give practical effect to their feeling. We hope that the appeal which we publish from the generous pen of Professor Owen (p. 410) may meet with a warm response.

## CARELESSNESS OF DRUGGISTS.

IT is our duty to record yet another case of accidental poisoning, of which the details have been forwarded to us. This error also, like all the others which we have chronicled, would have been impossible had the angular narrow-necked bottles been employed for dispensing the liniment, which was swallowed in mistake for the mixture.

"A child eighteen months old, daughter of Richard Osborne, a miner, of Canon's Town, Ludgvan, had been ill a week from scarlatina, and, apparently growing worse, the father went to Hayle for medical advice. Mr. James Mudge, of Hayle, was not at home; Mr. Wolf, his assistant, was. Mr. Wolf rode off to see the child, the father awaiting his return. The assistant, who is duly qualified, aged twenty-two, on his return made up a bottle of mixture for the child. It happened that a Miss Thomas, of Canon's Town, a distant relative of Osborne, was suffering from a sprained shoulder, and Osborne was made the carrier for a further supply of her lotion. Mr. Wolf wrote two labels: one was 'To be taken—two teaspoonfuls four times a day—for Richard Osborne's child;' the other was 'Liniment to be rubbed on the shoulder—Miss Thomas, Canon's Town.' The label of the medicine was placed on the liniment bottle. Osborne cannot read, but when he got to Canon's Town he selected the medicine his child ought to have taken by its colour, and gave the other to Miss Thomas. She said 'Why this is for your child,' and he again changed the bottles and took home the one labeled for him. The mother gave the child the medicine, according to the directions, about one P.M., and placed it in the cradle. At three she took up the child, seeing an alteration in its countenance. In the afternoon Osborne's sister went to the house of her niece (Miss Thomas), who remarked that she had rubbed her shoulder, but with little or no effect. Osborne's sister asked to look at the supposed liniment. She is a farrier's daughter, and at once said 'You have the wrong medicine.' That was true; the child, with scarlatina and ulcerated throat, had taken liniment; the sprain had been uselessly treated with scarlatina mixture. A portion of the contents of each bottle was taken to Mr. Mudge, who at once detected the error. At midnight the child died."

THE

# ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF

MICROSCOPICAL AND CHEMICAL ANALYSES

OF THE

SOLIDS AND FLUIDS

CONSUMED BY ALL CLASSES OF THE PUBLIC.

## MUSTARD

AND ITS

## ADULTERATIONS.

THROUGHOUT the Reports of the Commission the principle has been laid down and acted upon, that every article ought to correspond to its name, and to be really what it professes to be, and what, in general, the public believe it to be in the name under which it is sold.

Thus, for example, mustard ought to consist, as the name implies, of mustard only, and not of a mixture of wheat-flour, turmeric, and mustard, with, sometimes, the addition of capsicum or pod pepper; and that when the compound article is sold, the fact ought to be made known by some distinct designation.

To this view it has been objected that mustard cannot be manufactured without the aid of such adjuncts as wheat-flour and turmeric, and that if it could, the public would not buy it. We by no means admit, as will presently appear, the validity of either of these assertions.

It is certainly a fact that mustard seed varies to an unusual extent in quality and price, so that it is quite possible that a so-called mustard, prepared from the very finest seed, and containing a proportion of wheat-flour and turmeric, may be stronger and of better flavour than one consisting wholly of the "flour" of mustard prepared from seed of inferior quality, and deficient in pungency and flavour; but this affords no reason for the sale of the two articles, thus differently constituted, under one and the same name—that of mustard. If both articles are prepared, the pure and the compound, they should be distinguished by different names.

RESULTS OF THE MICROSCOPICAL EXAMINATION AND CHEMICAL ANALYSIS OF THIRTY-THREE SAMPLES OF MUSTARD PURCHASED IN THE METROPOLIS.

*1st Sample.*

Purchased at the establishment of—Messrs. Ridgway and Co., 4 and 5, King William-street, City.
In tin-foil package, labeled "The Finest Durham Mustard." 2*s.* per lb.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*2nd Sample.*

Purchased at the establishment of—Messrs. Phillips and Co., 8, King William-street, City.
In tin-foil package, labeled "The Finest New English Mustard." 1*s.* 8*d.* per lb.
Mixture of *turmeric*, *wheat flour*, and *mustard*.

*3rd Sample.*

Purchased at the establishment of—Messrs. Petty, Wood, and Co., 13, King William-street, City.
In tin case, labeled "Evans, Lewis, and Co.'s Pure Worcester Mustard." 2*s.* per lb.
GENUINE, being composed entirely of *mustard*.

*4th Sample.*

Purchased at the establishment of—Messrs. Dean and Murray, (late Sidney and Co.,) 8, Ludgate-hill.
In tin case, labeled "Finest Durham Mustard," 2*s.* per lb.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*5th Sample.*

Purchased at the establishment of—Messrs. Dakin and Co., 1, St. Paul's Churchyard. 1*s.* 6*d.* per lb.
GENUINE, consisting wholly of the flour of *mustard*.

*6th Sample.*

Purchased at the establishment of—Messrs. Armstrong and Sons, 42, Old Bond-street.
In canister, labeled "Colman's Genuine London Mustard. Warranted Pure Mustard." 2*s.* per lb.
GENUINE, being composed wholly of the "flour" of *white* and *brown mustard seed*.

*7th Sample.*

Purchased at the establishment of—Messrs. Armstrong and Sons, 42, Old Bond-street.
In canisters, labeled "Colman's Brown Mustard. Warranted Pure Mustard." 2*s.* per lb.
GENUINE, being composed wholly of the "flour" of *brown*, with a little *white mustard seed*.

*8th Sample.*

Purchased at the establishment of—Messrs. Bell and Son, 81, New Bond-street. In bottle, 1*s.* 8*d.* per lb.
Mixture of *turmeric*, *wheat flour*, and *mustard*.

*9th Sample.*

Purchased at the establishment of—Messrs. Dann, Johnson, and Co., 84, New Bond-street. 2*s.* per lb.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*10th Sample.*

Purchased at the establishment of—Mr. J. R. Evans, 134, New Bond-street. 2*s.* per lb.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*11th Sample.*

Purchased at the establishment of—Mr. R. Wood, 132, New Bond-street. In bottle, 2*s.* per lb.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*12th Sample.*

Purchased at the establishment of—Messrs. Strugnell, 7, Hampstead-road.
Consists of a mixture of *turmeric*, *wheat-flour*, and *mustard*.

*13th Sample.*

Purchased at the establishment of—Mr. E. G. Wright, corner of Henry-street, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*14th Sample.*

Purchased at the establishment of—Messrs. North and Co., 24, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*15th Sample.*

Purchased at the establishment of—Mr. Burton, 45, Henry-street, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*16th Sample.*

Purchased at the establishment of—Mr. Hawes, 36 and 37, Frederick-place, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*17th Sample.*

Purchased at the establishment of—Mr. Martin, 6, Frederick-place, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*18th Sample.*

Purchased at the establishment of—Mr. Mathews, 19, Frederick-place, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*19th Sample.*

Purchased at the establishment of—Messrs. Edmundson and Co., 10, Sol's-row, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*20th Sample.*

Purchased at the establishment of—Mr. Hartnett, 5, Sol's-row, Hampstead-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*21st Sample.*

Purchased at the establishment of—Mr. Stockley, 3, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*22nd Sample.*

Purchased at the establishment of—Mr. J. Oulds, 28, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*23rd Sample.*

Purchased at the establishment of—Messrs. Hawthorn and Co., 38, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*24th Sample.*

Purchased at the establishment of—Mr. Gilbert, 64, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*25th Sample.*

Purchased at the establishment of—Mr. Hazlewood, 69, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*26th Sample.*

Purchased at the establishment of—Messrs. Edmonds and Son, 93, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*27th Sample.*

Purchased at the establishment of—Mr. Clark, 135, Tottenham-court-road.
Consists of a mixture of *turmeric*, *wheat-flour*, and *mustard*, and is, moreover, adulterated with nearly 10 per cent. of *earthy matter*, consisting chiefly of *sulphate of lime*.

*28th Sample.*

Purchased at the establishment of—Messrs. Pembridge and Co., 107, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*29th Sample.*

Purchased at the establishment of—Mr. Holmes, 132, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*30th Sample.*

Purchased at the establishment of—Mr. Gilbert, 135, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*31st Sample.*

Purchased at the establishment of—Mr. Keen, 226, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*32nd Sample.*

Purchased at the establishment of—Mr. J. Labram, 33 Francis-street, Tottenham-court-road.
In tin case, labeled "Colman's Fine London Mustard. This mustard condiment is warranted free from any injurious admixture." 1*s.* 8*d.* per lb.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

*33rd Sample.*

Purchased at the establishment of—Mr. Howgate, 9, Tavistock-street, Tottenham-court-road.
Mixture of *turmeric*, *wheat-flour*, and *mustard*.

Reviewing the results of the preceding analyses, it appears—

That of the *thirty three* samples examined, *twenty-nine* consisted of *mixtures of turmeric powder*, *wheat-flour*, and *mustard*, with an addition in one case of earthy matter consisting chiefly of *sulphate of lime* or *plaster of Paris*.

That *four* samples only were GENUINE—that is, consisted wholly of the "flour" of mustard seed.

Of these genuine samples,

One was purchased of Messrs. Petty, Wood, and Co., 13, King William-street, City; and was labeled "Evans, Lewis, and Co.'s Pure Worcester Mustard," price 2*s.* per lb.

One was purchased of Messrs. Dakin and Co., 1, St. Paul's-churchyard; price 1*s.* 6*d.* per lb.

Two were procured from Messrs. Armstrong and Sons, 42, Old Bond-street. These were in tin canisters, and were labeled respectively "Colman's Brown Mustard, warranted Pure Mustard," 2*s.* per lb.; "Colman's Genuine London Mustard, warranted Pure Mustard."

One of the samples of *mixed* mustard, purchased of Mr. J. Labram, of 33, Francis-street, Tottenham-court-road, was labeled "Colman's Fine London Mustard. This mustard CONDIMENT is warranted free from any injurious admixture." The compound character of the article was thus fairly acknowledged.

That four genuine mustards should have been met with proves two points:—

First, that genuine mustard, contrary to what has been constantly affirmed, can be manufactured.

Second, that the public do not refuse to use it, the difficulty being to procure the article in its genuine state.

Lastly, it appears that the public are often made to pay as much for the mixed article as for the genuine, and this even when the latter is enclosed in tin canisters.

When the Sanitary Commission reported upon mustard some years since, out of forty-two samples analyzed not one was genuine. An improvement has therefore taken place in the condition of this article. With a little care pure mustard may now be obtained, and even the mixed article is sometimes sold accompanied by a fair announcement of its compound character.

# Correspondence.

"Audi alteram partem."

## THE LATE MR. PITTARD.

(NOTE FROM PROFESSOR OWEN.)

*To the Editor of* THE LANCET.

SIR,—I have learned, with deep regret, the decease, at Sydney, New South Wales, of Mr. Simon Rood Pittard, who in 1860 accepted the office of Curator of the Museum of Natural History at Sydney, and, relinquishing his practice in Wellclose-square, went out with his wife and eight children to that colony. Mr. Pittard gained by competition an anatomical studentship in the Museum of the Royal College of Surgeons, and worked assiduously under the late Professor Quekett in the formation of the histological collection. He contributed several articles to Todd's "Cyclopædia of Anatomy," characterized by minute accuracy and originality of thought. Neither his bodily strength nor a strong bias for scientific research was suited to the labours of a practice chiefly amongst the humbler classes, with which difficulties Mr. Pittard manfully struggled during several years. The salary offered by the authorities at Sydney, and the prospect of favourably settling his children in the colony, decided Mr. Pittard to take the step which his untimely death has made disastrous to the numerous family wholly dependent on him.

Sir Daniel Cooper, of 20, Prince's-gardens, Knightsbridge, late Speaker of the Legislative Assembly, New South Wales, and at present in London, has kindly consented to join me in receiving and transmitting to Mrs. Pittard subscriptions which may be confided to us, and which those who knew the excellent personal qualities of her late husband, or which his more fortunate professional brethren, may be disposed to contribute towards the relief of the immediate pressing needs of the widow and children.

I am, Sir, your obedient servant,

Sheen, October, 1861. RICHARD OWEN, F.R.S.

## TREATMENT OF ANASARCA.

*To the Editor of* THE LANCET.

SIR,—There appeared in your journal of the 19th instant, a paper by Dr. Witt, "On Anasarca," written apparently for the purpose of introducing a new operation to the notice of the profession. The author of this paper evidently labours under the impression that to incise the skin for the relief of dropsical accumulations has never before entered the medical mind. This is certainly not the case, as many of your readers must be aware, for the operation is one of the oldest on record, and is described by Celsus, in his chapter "De Hydropicis," in these words: "Incidendum quoque est super totum, quatuor fere digitis, exparte interiore, qua per aliquot dies frequens humor feratur."

This, moreover, is not an operation which has fallen into disuse, and so been forgotten. In proof of this I may mention that, during my stay in the Edinburgh Infirmary as resident physician, I on two occasions practised it for the relief of extreme dropsical distension, which would not yield to the less dangerous method of acupuncture.—I remain, Sir, yours &c.,

Leamington, Oct. 1861. T. A. CARTER, M.R.C.P.L.

## STRANGULATED HERNIA.

*To the Editor of* THE LANCET.

SIR,—Some little time since a new method of reducing a rupture was shadowed forth in THE LANCET by Mr. Jessop,—namely, by elevating the patient's heels in such a position that the force of gravitation of the gut should be towards the head, such gravitation having a most beneficial effect in assisting the reduction during the necessary manipulation. According to the Autobiography of the late Earl of Dundonald (vol. i. p. 230), it appears that such a method is not by any means new, as it was in operation more than fifty years since. When, as Lord Cochrane, he was captain of the *Impérieuse*, his lordship states that he sent a man having a rupture to the naval hospital, but he was refused admittance "because everything had not been done for him to reduce the rupture on board his ship, *as he had not been hung up by the heels in a rolling sea.*"

I am, Sir, your obedient servant,

Regent-street, Oct. 1861. H. HODSON RUGG, M.R.C.S.

## INVERSION OF THE UTERUS.

*To the Editor of* THE LANCET.

SIR,—I send you the following for insertion should you think it may interest any of your readers:—

A. C——, aged twenty-two years, a very healthy woman, was taken in labour with her first child at ten A.M. of the 10th inst. The pains continued severe until four P.M., when the child, which presented naturally, was born. Ten minutes after the birth of the child, the midwife (the woman's mother) took away the after-birth, which was "very tight," and with it came away something which, to use her own expression, "looked like a calf's liver." She at once sent for me. Not being in the way, my partner immediately went, and found on his arrival, about six o'clock, the woman had been dead nearly half an hour. On examination, it was found that the uterus, inverted, was protruding externally, and that the flooding had been very great, causing syncope. Previous to the removal of the placenta, the woman was quite comfortable, and there was no hæmorrhage.

I am, Sir, your obedient servant,

Buckingham, Oct. 1861. ROBERT DEATH, M.R.C.S.

## A FOREIGN BODY IN THE RECTUM.

*To the Editor of* THE LANCET.

SIR,—The following case may, perhaps, be deemed worthy of insertion in your pages:—

Mr. E. M—— informed me that on the night of the 9th inst. he was seized with a very acute, hot, *burning* pain in the bowels, to relieve which he attempted to pass a large cold iron bolt (nine inches and a half in length, and about two inches in circumference) up the rectum; in doing so, the bolt slipped from his hand, and passed entirely into the bowels. When I saw him on the 18th inst., he was free from pain; the pulse was regular; he did not complain of any uneasiness from the presence of the bolt, *and the bowels had been acting regularly.* I was at first very much inclined to doubt his statement; but on examining the abdomen I very readily detected one end of the bolt lying under the edge of the right lobe of the liver, and by means of a sound, I ascertained the other end was situate about four inches within the rectum. With the aid of a speculum and a pair of long forceps, I easily removed the bolt, and the man has not had an untoward symptom since.

I am, Sir, your obedient servant,

Barking, Essex, Oct. 1861. F. M. DAVIDSON, L.R.C.P.

## PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

"*Quousque tandem?*" "How long, indeed," groans the *Gazette des Hôpitaux*, its patience exhausted and its finger on the pages of THE LANCET, "will English medical men continue to furnish such slovenly details of cases as these? and when, at length, will they learn to give such complete and scientific records of pathological conditions as may be satisfactory to their continental brethren?" The above is the sense of your contemporary's ejaculation; and I think I may affirm, without fear of contradiction, that if excellence in case-taking consist in elaborate verbosity and pointless minuteness, the perfection so ardently longed for is not likely ever to be attained on your side the Channel. The publication in one of your recent issues of sundry cases illustrating the possibility of reunion of parts completely dissevered from the body, has drawn down your contemporary's censure upon the whole British medical public; no exceptions are made, and your correspondent in consequence thinks himself entitled to his portion. MM. Nichols, Francis Mason, house-*surjeon* (*sic*) of King's College Hospital, MM. Horton, Cory, and Jones, have all related cases of reunion, but all have given incomplete accounts, and the two last-named gentlemen, "*in order to avoid the reproach of tardy publication,*" have omitted to affix dates to their notes. Hence the aspersion. Nevertheless, short and incomplete as are these observations, the *Gazette*, with considerable condescension, does not hesitate to turn them to scientific account, and admits their competence to establish (all that they were intended to establish) that no opportunity of attempting reunion should be lost whenever such cases present themselves. Before leaving the subject, I would hint to the *Gazette* that the epithet of

*Greffe animal*, or *Animal graft*, with which the report is headed, does not seem to me to smack very strongly either of science or of accuracy, as applied to the present question. My dictionary tells me that a *graft* implies "the insertion of a scion of *one* tree into the stock of *another;* and consequently, unless the term *greffe animal* be understood as Hudibras appears to have understood the Talicotian operation, I am bound to regard your contemporary's definition as "incomplete" and inaccurate.

At the Academy of Medicine on Tuesday, a letter was read from the Minister of State, mentioning that a mission, having for object the study of the influence exerted by certain southern climates on chronic affections of the chest, had been confided to Dr. Pietra-Santa, already well known by his previous researches on this subject. The minister was anxious to inquire of the Academy, before this gentleman's departure, whether that learned body had any suggestions to make in connexion with the proposed investigations. M. Pietra-Santa, after proceeding to Pau, is to turn his face to the east, and, travelling along the Riviera, to examine in succession the climates of Hyères, Cannes, Mentone, and Nice, and is subsequently directed to visit Pisa, Rome, and Naples,—going over the same ground, in fact, as that already and with so much profit surveyed, in a hygienic sense, by your talented correspondent, Dr. Henry Bennet.

M. Liler, one of the surgical instrument makers of Paris, submitted to the Academy for its approbation a simplified model of the syringe now in use for hypodermic injection. In the present instrument, when the quantity of fluid to be injected has been determined, a screw is turned, which limits the action of the piston, and the liquid is discharged by direct pressure, and not, as formerly, by successive turns of the syringe-handle; add to which, the canula is furnished with a pointed extremity, a contrivance which renders the use of the trocar unnecessary.

M. Gosselin, officiating as reporter of a committee, composed of MM. Larrey, Jobert, and Velpeau, named by the Academy to examine a paper by M. Lefort on "Excision of the Hip-joint," meets in the following terms an observation of the author, in which he seems to reproach French surgeons generally with neglecting this important subject, and with not giving sufficient attention to a method of cure which in the hands of so many foreign surgeons (more especially in England, Germany, and America) has proved so successful. "I believe," he says, "that if hip-joint excision has been frequently resorted to in Germany, England, and America, this circumstance depends either upon the fact that severe cases of coxalgia, without serious constitutional disturbance, are of more frequent occurrence in those countries, or else that the disease is better treated in France than elsewhere, or it may be that such operations have been undertaken too lightly." This last remark is called for by M. Gosselin's having noticed that in several of the cases noted, many of the plans which have been found successful in this country had not been tried. Altogether M. Gosselin's verdict seems to me rather against, than for, the operation of resection, as performed on the hip-joint. Nevertheless, M. Lefort's excellent and sensible memoir has sounded the *réveil* in France, and during the discussion on the report which will shortly ensue, we may expect to hear the opinions of the other great surgical authorities on the subject.

The *Moniteur* publishes a decree, founded on certain representations made to the Emperor by Count Persigny, Minister of the Interior, ordering that the establishment founded at Chambéry, in Savoy, for the education of deaf and dumb children be placed under the Imperial patronage, and be admitted to the privileges accorded to other charitable institutions, as laid down in the ordinance of February, 1861.

Two young Polish savants, Count Tyszkiewicz and Prince Zagiell, a *graduate in medicine*, have just embarked at Marseilles for Alexandria, whence they proceed on a journey of scientific discovery in Abyssinia.

*Apropos* of this latter country, it is said that the tape-worm is so common there (in consequence, it is believed, of the habit of eating raw meat containing the larvæ of this parasite), that the natives, men, women, and children, regularly once every two months take a dose of kousso by way of precaution. The symptoms of tape-worm are described as consisting in a feeling of constriction in the temples; numbness in the joints, especially of the wrist and knee; a transitory dimness of vision; a sense of fulness in the epigastrium; and, above all, an abundant flow of saliva during slumber.

M. Dumas gave an interesting account last week, at the Academy of Sciences, of the undertaking, which, in a sanitary point of view, is of vital importance to the south-western portion of Paris, and which has recently been brought to a successful termination by M. Kind, the engineer. I refer to the Artesian well of Passy. The suburb of Passy had hitherto been supplied from the Seine; but the increasing population of the city had rendered a supply from some less polluted source absolutely necessary. Paris rests upon a stratum of chalk of upwards of 500 yards in depth, and covered by various strata of tertiary formation, in thickness averaging 55 yards. Beneath the chalk is found a layer of marl, of about the same depth as the more superficial strata; and below the marl lies the green sand, whence the Grenelle Artesian well derives its supply. The experience gleaned from this latter source had proved that the water from the green-sand layer would rise to about forty odd yards above the surface. M. Kind, in possession of these data, came forward about seven years ago and offered to bore a well of one foot and three quarters in diameter, to give an average yield of 14,000 cubic yards of water daily at an altitude of thirty yards (rough estimate) above the highest point in the Bois de Boulogne. The works were decided upon, and commenced early in 1855 in the neighbourhood of the Bois de Boulogne. By March, 1857, the bore had reached a point 550 yards below the surface, and water was hourly expected to rise, when suddenly an accident occurred—a strong iron tubing, four-fifths of an inch thick, which had been inserted to keep up the clay, was crushed by the pressure from without, at no great distance from the mouth of the well. This accident, and the repairs it rendered necessary, occasioned a loss of *three years*, at the end of which time the boring was resumed, and ultimately brought to a successful termination in September last. One point worthy of note is that the daily yield of the Grenelle source has diminished by one-fourth since the commencement of the flow at Passy; but this decrease M. Dumas believes will cease when the tube of the new well has been brought to its normal altitude of eighty-two yards above the sea level. In chemical characters, the waters of both are identical, as also in temperature—namely, 83° Fahr. The recent enterprise, with all its difficulties, will have cost about £40,000, and water will have been provided for the wants of half a million of individuals.

Dr. Simms (I think he spells his name so), an American surgeon of note, and remarkable for his skill in operating for vesico-vaginal fistula, is at present in Paris, and a friend who saw him *à l'œuvre* yesterday tells me that his dexterity is surprising. The operation in question was attended by MM. Ricord, Velpeau, Nélaton, and Jobert, all of whom were in admiration.

The rage for acclimatation is at its height in France just now, and we may soon hope to see canvas-back ducks, bird's-nest soup, and edible *boule-dogues* on the bill of fare at the Trois Frères. Meanwhile the immediate bent of the Government seems to be the introduction of Chinese fish into this country. We are promised amongst other delicacies from the Celestial Empire the "cow-fish" or "tsa-in," a creature so called from the fact of its eating chopped grass; its flesh is said to be very fine, and when in prime condition the "tsa-in" may exceed 100 lbs. in weight. The Chinese fish in early life are fed, it would appear, upon ducks' eggs, and at the age of puberty are promoted to crushed peas or beans, and receive two, three, or four repasts a day until judged fat enough for the table. When very young, the fish (at least so M. Simon, from whose report to the Minister of Agriculture I have gleaned my information, assures us) are subject to a certain malady, a sort of distemper, which carries them off wholesale, unless suitable treatment, in the shape of the juice of certain leguminose fruits added to the water, be resorted to.

Paris, Oct. 22nd, 1861.

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PRESENTATION OF TESTIMONIAL.—On the 3rd inst., the anniversary of the Loyal Nelson Lodge was held at the house of Host Wright, George Hotel, Gowthorpe, Selby, when between seventy and eighty of the members and their friends sat down to a sumptuous and excellent dinner. After the usual loyal toasts, the Chairman said that they had now arrived at what must especially be called the business of the day, and he had great pleasure in calling upon M. Pearson, Esq., to present the testimonial to Mr. Burkitt, which comprised, in addition to the address, two beautiful massive antique silver boats. Mr. Pearson stated he had the honour of presenting to Mr. Burkitt two splendid boats, bearing the following inscription:—"Presented to John Burkitt, Esq., M.R.C.S. Eng., L.S.A. Lond., by the Members of the Loyal Nelson Lodge of Odd Fellows, for his valuable services as medical officer during a period of twenty-seven years. Oct. 3rd, 1861." The testimonial was accompanied with an address. Mr. Burkitt responded in a very feeling speech.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the Comitia Majora held on Tuesday, the 22nd inst., the following gentlemen, previously Extra-Licentiates of the College, were admitted Members:—

Battersby, Robert, M.D.
Bure, George, Royal Naval Hospital, Haslar.
Green, William Abbott, Punjab.
Robertson, William Tindal, M.D., Nottingham.

At the same Comitia, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Barford, James Gale, Wellington College, Berks.
Bird, Samuel Dougan, M.D., Richmond, Surrey.
Dukes, Major Charles, Melbourne, Victoria.
Duncan, Thomas, M.D., Richmond, Surrey.
Edwards, Thomas Edwin, Gloucester-crescent North.
Elwes, Charles Walter, North-crescent, Bedford-square.
Harper, Joseph, Great Torrington, Devon.
Hicks, John Wale, St. Thomas's Hospital.
Howell, Horace Sydney, Maidstone.
Ingle, Robert Nicholas, Melbourne, Derbyshire.
Mason, Charles Ignatius, Surbiton.
Rugg, George Philip, M.D., Kennington.

CAMBRIDGE UNIVERSITY.—The following gentlemen were examined and approved for Professorial Certificates by the Downing Professor of Medicine on the 23rd inst.:—

*Gardner, Downing College.
*Tooth, Downing College.
Barnes, St. John's College.
Dickinson, St. John's College.
Dunn, Corpus Christi College.
Marsden, Queen's College.
Marsh, Trinity College.
Myers, Queen's College.
Pierce, Corpus Christi College.
Tate, Queen's College.
Taylor Jones, Queen's College.

* Passed with great credit.

The following gentleman was examined and approved by the Regius Professor of Physic:—

Withers, Corpus Christi College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 17th inst.:—

Dias-Baudernayke, Abm. Wm., Ceylon.
Stawman, William, Sheffield.
Warburton, Alfred, Liverpool.

The following gentlemen also on the same day passed their first examination:—

Gimblett, John, Taunton.
Milsome, John Ruddle, St. Bartholomew's Hospital.
Wilson, James, General Hospital, Birmingham.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—In analyzing the list of members, &c., of this institution just published, it appears that there are at the present time 256 gentlemen who have undergone the examinations for the Fellowship, and 1017 honorary and elective Fellows, making a total of 1273; of Licentiates in Midwifery, 812; of persons who have undergone the examinations for the Dental Diploma there appear 120. The Members of the College number about 14,560; if to this we add the Fellows, there appears a total of 15,833.

MEDICAL STUDENTS.—We understand that 1116 students have registered this session as pursuing their studies at the twelve metropolitan schools, against 1228 last year, showing a decrease of 112. The number of new entries amounts to 344, against 483 of last year, exhibiting a decrease of 139.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following gentlemen passed the Major Examination as Pharmaceutical Chemists on the 16th inst.:—Fred. B. Benger, Harlow; Charles Ekin, Maidstone; Albert J. Fidel, Oxford; and Albert J. Saunders, Sandgate.

WILLIAM HUNTER.—The Commissioners of the Great Exhibition have applied to the Royal College of Physicians for permission to add the portrait of Dr. William Hunter, by Zoffany, to their gallery now collecting. The requisite permission has been granted. It may be regretted that Medicine will not be still more largely represented by making further draughts upon the admirable possessions of the College.

M. SCRIVE, Inspector-General of Hospitals, and formerly chief surgeon of the French army in the Crimea, has just died at Paris, at the age of forty-six.

GUY'S HOSPITAL.—Mr. France has resigned the office of ophthalmic surgeon to this hospital, after holding it for upwards of eighteen years, and it is proposed by the governors to appoint him consulting ophthalmic surgeon. The accommodation for general surgical cases having been recently increased, it is proposed to appoint Mr. Poland, at present the senior of the assistant surgeons, to the office of full surgeon, in addition to the three already on the staff, giving him at the same time the general superintendence of the ophthalmic department. By this arrangement, two vacancies will remain to be filled up—namely, that of ordinary assistant-surgeon and that of assistant ophthalmic surgeon.

THE GRAND DUKE CONSTANTINE, who, with his Duchess, has paid daily visits to Cowes during his residence in the Isle of Wight for the purpose of bathing, has made a present of a very valuable diamond ring to his medical attendant in this town, W. C. Hoffmeister, M.D.

CHOLERA IN INDIA.—The Indian Government has appointed a special commission to inquire into and report on the recent severe outbreak of cholera amongst the European troops at several stations in the north-west provinces, and at Meean Meer. The members are Mr. Strachey, of the civil service; Dr. Linton, C.B., and Dr. M'Clelland, Inspectors-General of Hospitals; Lieutenant-Colonel Gawler, 73rd Regt.; and Major P. Stewart, Bengal Engineers.—*Army and Navy Gazette.*

NATIONAL VACCINE ESTABLISHMENT.—We understand that this Board has been virtually abolished. Since the death of Dr. Clement Hue, the office of Registrar has not been filled up. The Privy Council, having gradually assumed the functions of the Board, propose to associate Mr. John Newton Tomkins, the Inspector of the Board, as an officer of the Council. The fees or salaries hitherto paid to the members of the Board will cease.

PLACES OF RECREATION FOR THE PEOPLE.—At a meeting of the Braytown Commissioners on the 21st inst. a lease was executed jointly by the Earl of Meath and Mr. Dargan, conveying the ground called the "Dargan Esplanade," for ninety-nine years, to the Town Commissioners as a place of recreation to the inhabitants, at the nominal rent of 1*s.* a year, Mr. Dargan undertaking to keep the fences and surface in good order during his life.

THE anniversary of the birthday of the late Mr. George Combe, author of the "Constitution of Man," was celebrated on Monday last by a *soirée* in the museum of the Edinburgh Phrenological Association.

THE PRACTICE OF VIVISECTION.—It is with much gratification we are enabled to state that the practice of vivisection of animals, which has been carried to so horrible an extent in the veterinary colleges in France, and in many instances, it is to be feared, in this country also, has been officially interdicted by the French Government, preliminary to a searching examination into the subject of vivisection generally, with a view to determine the question of its alleged necessity and utility, or the contrary.—*The Field.*

THE SANITARY STATE OF THE ARMY.—Meetings of the Royal Commission on the Sanitary State of the Army in India were held at the War-office on the 17th and 18th inst., the Right Hon. Lord Stanley, M.P., in the chair. The other Commissioners present were—Sir Proby Cautley, K.C.B., Member of the Council of India; Sir Ranald Martin, Physician to the Council of India; Dr. Gibson, C.B., Director-General Army Medical Department; and Dr. Farr, F.R.S. Mr. T. Baker, the Secretary, was in attendance.

UNIVERSITY INTELLIGENCE.—OXFORD.—The Regius Professor of Medicine (Dr. Acland) gives notice:—1. That the first or scientific examination for the degree of Bachelor of Medicine under the new statute will take place in the present term. Candidates are requested to give immediate notice (personally or by letter addressed to Dr. Acland) of their intention to present themselves for examination. 2. That there will be during this term an examination for a Radcliffe Travelling Fellowship. Intending candidates are requested to give notice as above. The days fixed for these examinations will be hereafter publicly announced. The Professor will continue his Clinical Instruction at the Infirmary every Tuesday and Saturday during term, commencing on Tuesday, the 29th inst. Any who, having passed the final Classical Examination, desire to attend are requested to call on Dr. Acland, at his house, on Monday, the 28th inst., at three P.M.

CAMBRIDGE.—The Cambridge University Local Examinations will be held this year at the following places:—Brighton,

Bristol, Cambridge, Exeter, Liverpool, Wolverhampton, London, Northampton, Norwich, Plymouth, and Sheffield. The examinations will commence in each place on Monday, the 16th of December, at two o'clock, and will be continued from day to day until they are completed.

DEATH OF WILLIAM TAGERT, ESQ., F.R.C.S.I.—On the morning of the 14th inst., Mr. William Tagert, the contemporary and fellow-student of Cusack, Marsh, Porter, Harrison, and Montgomery, expired at his residence in Camden-street, after a painful and protracted illness, in the sixty-eighth year of his age.

ST. LEONARDS-ON-SEA INFIRMARY.—Dr. Greenhill has resigned the office of Physician to the East Sussex, Hastings, and St. Leonards Infirmary; and Dr. Adey intends to offer himself as his successor.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 19TH.—The deaths in London fell to 1065 in the week that ended last Saturday. Only 2 deaths from measles have been returned in the week. There were 6 from small-pox. Scarlatina is on the increase, 87 cases being recorded, besides 17 cases in which diphtheria was the cause of death. There were 36 deaths from whooping-cough and typhus severally, and 34 from diarrhœa. Zymotic diseases in the aggregate produced 286 deaths.

The births registered in London were—boys, 954; girls, 892.

## MEDICAL VACANCIES.

THE office of Physician to the Metropolitan Free Hospital, Devonshire-street, Bishopsgate-street, has become vacant.

There is a vacancy in the Leicester Infirmary for a House-Surgeon and Apothecary.

The post of Medical Officer to the Martley Union Workhouse, Worcestershire, and to the adjoining District, has become vacant by the resignation of Mr. T. W. Bradley.

By the death of Mr. W. Tagert, one of the Surgeoncies to Mercer's Hospital, Dublin, and the Lectureship on the Theory and Practice of Surgery at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin, have become vacant.

There is a vacancy for a House-Surgeon to the Wallasey Dispensary.

## MEDICAL APPOINTMENTS.

MR. ANTHONY CORNISH TUCKER has been elected Assistant House-Surgeon to the General Hospital, Nottingham, in the place of Mr. George D. Harding, resigned.

Dr. Hodgson has been appointed Medical Officer for the No. 1 District of the Preston Union.

Mr. S. Garrard has been re-elected Poor-law Medical Officer for the Districts of Stoke Golding and Wolvey, in the Hinckley Union, Leicestershire.

Mr. R. F. Symmons has been elected Medical Officer to the Eastern Counties Asylum for Idiots and Imbeciles, Essex Hall, Colchester, vacant by the resignation of Dr. Duncan.

Dr. Patrick Small Keir, of Newbigging, has been elected President of the Royal College of Surgeons, Edinburgh, for the ensuing year.

Mr. R. W. Graves has been elected Surgeon to the Gloucester Infirmary, to fill the vacancy caused by the death of Mr. G. H. Lovegrove.

Mr. G. S. Hutchinson, late Assistant-Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich, has been elected Surgeon in the place of Mr. W. H. Day, resigned; and Mr. C. E. Muriel has been appointed Assistant-Surgeon in the place of Mr. Hutchinson.

Dr. S. Hammond has been elected Medical Officer for District No. 2 of the Aylsham Union, Norfolk, in the place of Mr. R. Hacon, deceased.

Mr. W. Stokes has been elected House-Surgeon and Dispenser to the West Ham, Stratford, and South Essex Dispensary.

Mr. J. Reid has been elected President for the year, and Drs. A. Lindsay and J. Morton, Vice-Presidents, of the Glasgow Medical Society.

Mr. J. Bunker has succeeded Mr. Jabez A. Franklin as Dispenser to the General Infirmary, Bedford.

Dr. H. A. Grime has succeeded the late Mr. R. Wilding as Medical Officer for District No. 1 and the Workhouse of the Blackburn Union, Lancashire.

Mr. J. Cornwall has succeeded Mr. C. Young as Medical Poor-law Officer for the Polden District, in the Bridgwater Union, Somersetshire.

Dr. J. Gairdner has been elected Treasurer, and Dr. A. Inglis, Librarian, for the ensuing year, to the Royal College of Surgeons, Edinburgh.

Dr. J. H. Power, Professor of Surgery in the Royal College of Surgeons, Ireland, has been elected Member of the Council of the College, in the room of the late Dr. J. W. Cusack.

Dr. T. P. Heslop and Dr. J. Anthony have been elected Physicians to the Birmingham and Midland Free Hospital for Sick Children; Messrs. G. Yates and M. Sharman, Surgeons; and Mr. Howkins, Dentist.

Mr. E. Robinson has been elected Resident Medical Officer to the Birmingham Workhouse, in the room of Mr. J. R. Davies, resigned.

## MILITARY AND NAVAL MEDICAL INTELLIGENCE.

14th Foot: Assist.-Surg. W. H. Jenkins, from the 84th Foot, to be Assist.-Surg., vice J. M. Hyde, who exchanges. 18th Foot: Staff Surg.-Major J. A. Fraser, M.D., to be Surg., vice T. Crawford, M.D., appointed to the Staff. 35th Foot: Assist.-Surg. J. Clarke, M.D., from the 13th Foot, to be Assist.-Surg., vice J. Mahon, who resigns. 72nd Foot: Assist.-surg. A. C. M'Tavish, from the 60th Foot, to be Assist.-Surg., vice T. W. Rutter, M.D., resigned. 84th Foot: Assist.-Surg. J. M. Hyde, from the 14th Foot, to be Assist.-Surg., vice W. H. Jenkins, who exchanges.

Staff Surg.-Major R. T. Scott, who retires upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals. Surg. T. Crawford, M.D., from the 18th Foot, to be Staff-Surg., vice Surg.-Major Fraser, appointed to the 18th Foot. Assist.-Surg. W. L. Baker, from the 10th Foot, to be Staff Assist.-Surg., vice O. Smith, placed upon half-pay.

Commissions signed by Lords-Lieutenants—3rd Gloucestershire Rifle Volunteer Corps: A. D. Cookson, Gent., to be Hon. Assist.-Surg., vice Heane, resigned. 1st Administrative Batt. of West Riding of Yorkshire Rifle Volunteers: W. H. Eagland, Gent., to be Assist.-Surg.; C. Husband, Gent., to be Assist.-Surg. The following appointment is substituted for that which appeared in the *Gazette* of the 4th inst:—East York Rifle Volunteers, 1st Corps (Hull): T. Walton, to be Assist.-Surg.

The following appointment was made on Monday last at the Admiralty:—Dr. C. A. Anderson, R.N., has been appointed Inspector-General at Malta Hospital.

# Births, Marriages, and Deaths.

## BIRTHS.

On the 7th inst., at York-place, Edinburgh, the wife of H. D. Littlejohn, M.D., of a son.

On the 10th inst., at Claremont-villa, Stoke Newington-road, the wife of Montague Miller, M.D., of a daughter.

On the 20th inst., at Warwick-square, the wife of G. E. Blenkins, Esq., Surgeon-Major Grenadier-guards, of a son.

On the 21st inst., at Brightwalton, Berks, the wife of W. J. Wood, Esq., M.R.C.S., of a daughter.

## MARRIAGES.

On the 1st inst., at St. Marie Catholic Church, Ryde, Pierce Mansfield, B.A., M.D., Royal Navy, to Louise, only daughter of the late Richard Cuerton, Esq., Albert-villa, Mannamead, Devon.

On the 15th inst., at St. Giles's Church, Reading, Daniel Stone, Esq., M.R.C.S., of Abingdon, to Helen Augusta, eldest and only surviving daughter of the late Thomas Strange, R.N.

On the 15th inst., at St. Lawrence Church, Hawkhurst, Kent, Augustus Post, M.B., of Yalding, Kent, to Sarah Elizabeth, only child of Thos. Brook Springett, Esq., of Hawkhurst.

On the 16th inst., at St. Anne's Church, Dublin, George Hornidge Porter, M.B., of Kildare-street, Dublin, only son of the late Wm. Henry Porter, M.D., to Julia, second daughter of the late I. Bond, Esq., of Elm-bank, Cumberland.

On the 16th inst., at the Parish Church, Leamington, Henry Vale James, Esq., M.R.C.S., only son of H. James, Esq., of Leominster, to Maria Dorothea, second daughter of John Overton, Esq., M.R.C.S., of Coventry.

On the 17th inst., at Greenock, Scotland, Francis Wayland Campbell, M.D., L.R.C.P. Lond., of Montreal, Canada, to Agnes Stuart, youngest daughter of Alexander Rodger, Esq.

On the 18th inst., at the Parish Church, Harborne, Henry C. Biddle, Esq., M.R.C.S., of Edmonton, to Jane Charlotte, eldest daughter of John Phillips, Esq., formerly of Handsworth.

## DEATHS.

On the 25th of Aug., at Kamptee, Madras, E. J. Ellen, the wife of John Templeman Manle, M.D., Superintending-Surgeon, Nagpore Force.

On the 28th ult., at Montreal, Canada, Gilbert Thomas, infant son of Geo. E. Fenwick, M.D.

On the 13th inst., at Caversham, Oxfordshire, after many years of acute bodily suffering, attended with blindness, Thain Wright, Esq., Surgeon, late of Hammersmith, aged 69.

On the 17th inst., at Carisbrooke, Isle of Wight, Henry Lascoke Tovey, Esq., M.R.C.S., aged 59.

On the 18th inst., Caroline, the wife of Joseph Hutchinson, Esq., F.R.C.S., of Cheetham-hill, near Manchester, and eldest daughter of the late Richard Simonds, Esq., formerly of Wilmington-square.

# Medical Diary of the Week.

**MONDAY, Oct. 28**
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. Althaus, "On certain Points connected with the Nature and Action of Mineral Waters."

**TUESDAY, Oct. 29**
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL. — The following Operations will be performed at 2 P.M.: — By Mr. Holt: for Necrosis of Femur; for Necrosis of Fibula.—By Mr. Hillman: for Hydrocele.

**WEDNESDAY, Oct. 30**
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- HUNTERIAN SOCIETY. — 8 P.M. Dr. Stephen H. Ward, "On some Cases of Aneurism of the Aorta and Arteria Innominata."

**THURSDAY, Oct. 31**
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.

**FRIDAY, Nov. 1**
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—7 P.M. Meeting of Council.—8 P.M. Dr. Anstie, "On the Proofs of Live-birth in relation to the Crime of Infanticide."

**SATURDAY, Nov. 2**
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

# To Correspondents.

*Anglo-African.*—We have received a batch of Cape of Good Hope journals, containing correspondence relative to an asserted case of neglect to a parturient woman at Graham's Town. We think it a pity that Mr. Campbell should have made the observation which he did, and also, if Dr. Atherstone was aware his engagements would prevent him from undertaking any further duties for the time, that he should have troubled himself about it in the first instance. We cannot wonder at Mr. Edmunds having declined to attend. This gentleman had attended the patient in her previous labours, which had turned out successful, and had paid her every attention. But it seems that she was, nevertheless, dissatisfied, and had informed Mr. Edmunds a month previously that she had engaged a midwife in lieu of him. As Dr. Atherstone observes, "it is not therefore extraordinary that he should, under such circumstances, decline to attend again." With reference to the editorial remarks about the "jealousy and sordidness of the profession," they are only so much "leather and prunella." Such matters had nothing to do with the case.

*K. T. Z.*, (Northumberland.)—The certificate would be sufficient.

THE communications of *Dr. Strange* and *Mr. S. L. Gill* shall appear in an early number.

*A Medical Freeholder.*—The circular distributed by Mr. Charles E. Lewis must be regarded, under the circumstances, as uncalled for and indecent. There is no pretext for anticipating a vacancy; and whenever such an event does occur, it is not probable that the constituency will tolerate any but a medical candidate.

*An Old Subscriber.*—There are no restrictions on practice in America.

### THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND AND ITS M.D. DEGREE.

*To the Editor of* THE LANCET.

SIR,—I am obliged by the notice "A Physician" has taken of my letter. I merely asked the question—How it was that King and Queen's College of Physicians in Ireland still asserted its right to confer the Doctorate in the face of so many adverse decisions? I am glad to find one so capable, ready to reply; and he will set this question at rest if he can—and if so, I hope he will kindly do it—give any clause from their Charter or any Act of Parliament conferring such a power upon this corporation. Sir Hugh Cairns, late Solicitor-General, distinctly says, that unless King and Queen's College possess other powers than those submitted to the Attorney-General for Ireland (the present Baron Deasy), they do not possess the power to confer the degree of Doctor of Medicine, and without the degree there can be no right to the title.

I will now quote from the report of the judgment of the Lord Chief Justice in the case of Mr. Barker (June 10th, 1861). Contrasting the powers of Universities with Colleges, he says—"In the Schedule there is a marked distinction between a *Doctor of Physic*, which is a *degree*, and a *Licentiate*, because the *Medical Corporations cannot grant a degree* entitling the party to be entered under *their diploma* as a Doctor of Medicine; but they may give a licence, thus creating the party a Licentiate, as in the present case. The distinction is taken in the most marked manner." Surely the Lord Chief Justice, after having heard the whole case argued before him by such able counsel as Mr. Brewster, Q.C., with Mr. W. Smith, and Mr. J. E. Walsh, Q.C., with Mr. Jellett, could not in giving judgment have said—"The Medical Corporations cannot grant a degree entitling the party to be entered under their diploma as a Doctor of Medicine," if the King and Queen's College in Ireland—which is a corporation—had had the power they claim, because their counsel would at once have produced the Charter, and thus proved the College had this power.

It is of much importance that a spade should be called a spade, and I trust "A Physician" may induce King and Queen's College either to abandon their assumption of the title, or else to proceed by law to establish their claim, as no one will believe the College has the power to confer the degree of M.D., with the decision of the Court of Queen's Bench, Ireland, so decidedly against them. Indeed it is due to their Licentiates, and also to such as intend to become Licentiates, that this corporation should establish their right, or cease to publish what, under present circumstances, must be considered as a delusion.

Your correspondent thinks it a pity the College of Physicians of London has not acted with equal boldness and candour. The London College has forbidden its Licentiates even to assume the title of Doctor, well knowing that a degree can only be conferred by a University.

I trust that "A Physician" will discuss the question in all good temper, and give extracts to corroborate what he states, as mere assertion without such support cannot be accepted as proof. Will he be good enough to inform me where I can find the published opinion of "the present Attorney-General for England" in favour of the powers of King and Queen's College of Physicians in Ireland?

Your obedient servant,

October, 1861. MEDICUS.

*To the Editor of* THE LANCET.

SIR,—In your journal for October 12th you have published a letter, signed "Medicus," asking some questions relative to the assumption of the power to confer the title of Doctor of Physic claimed by King and Queen's College of Physicians in Ireland, and asking how it is possible that such a power can be vested in this College after the adverse decisions of the Court of Queen's Bench, Ireland. You say in your note upon this letter—"We presume that this College intend to contest the validity of the decision in question." Now, I believe the only appeal is to the House of Lords, and therefore, before the decision of the Lord Chief Justice is reversed, King and Queen's College have no right to hold out the inducement of the title of Doctor, knowing, as they must do, that they have no power to grant or confer it.

The medical profession, and especially students, ought to feel obliged to "Medicus" and to you for pointing out this misrepresentation, as the price of the licence, that for Midwifery included, is only fifteen guineas, and some parties may be ignorantly induced to purchase a presumed or pseudo-Doctorate for such a small sum, without knowing the real merits of the case.

I remain, Sir, yours, &c.,

Norwich, October, 1861. LEX.

*Miss Brittlebank*, (Ashbourne.)—The paper forwarded does not contain arsenic; but the green portions of it are coloured with a mixture of Prussian blue and chromate of lead. These *lead* papers are scarcely less objectionable than those in which the arsenite of copper is used. The presence of either arsenic or lead in paper is only to be determined by the adoption of chemical methods of investigation.

*Dissatisfied.*—The guinea can be charged; but it is ungracious and ungenerous for a physician to demand it.

*A very Old Subscriber.*—The prescription is as follows:—Resin of jalap and of rhubarb, six or eight grains; of quinine and calomel, four grains each: mix well together, and when required make into pills with spirit of cardamoms. Dose from ten to twenty grains.

*A Student of Medicine* (Royal Infirmary, Aberdeen) wishes us to state that, through the fusion of the two Colleges of Marischal and King's, the Medical School in St. Paul's-street is abolished.

*Warton, near Lancaster.*—Mr. Hunt's "card" in the *Lancaster Observer* has given much offence to his brethren in that locality.

THE letters of *Mr. Thomas Baker* (Cranbrook) and *Dr. Ingleby Mackenzie*, "On the Treatment of Anasarca," are unavoidably postponed until next week.

### THE MEDICAL ACT.

*To the Editor of* THE LANCET.

SIR,—As a constant reader, I venture to request a small space in your columns, for the purpose of offering a few remarks in reference to the Medical Act, although, after all that has been said, and the suggestions that have been recommended by many of your correspondents, it may appear superfluous on my part. I am not one of the number (and certainly it must be acknowledged their name is Legion) who inveigh against the Act, describing it as a useless piece of legislation, and affording no protection to those registered under its provisions.

There are three clauses, in my opinion, that disprove this. I allude, first, to the 36th clause, whereby "no person can lawfully hold an appointment *in any service unless registered*." The 37th clause declares "all medical certificates to be invalid, unless persons signing the same *are registered*." *None but registered persons*, according to the 32nd clause, "can recover any charge in any court of law for medical or surgical advice." Clearly these are what may be termed protecting clauses.

A valuable suggestion was made some weeks since in your journal, that "the necessity of registrars of deaths being supplied with the Medical Register should be strongly pressed upon the notice of the Registrar-General." I think an injunction should issue from the same source to all registrars, not to accept the certificate of any *unregistered* medical man, otherwise the 37th clause is lessened in value. Cases do, doubtless, occur where no attention is paid to this matter. If a deputation, consisting of the President of the London Medical Registration Association, their active Treasurer, and a few willing members were to wait upon Dr. Wm. Farr, Superintendent Registrar, ultimate good would, I feel sure, be the result.

Impressed with the idea that a little further discussion on the Medical Act—the thin end of the wedge, be it remembered, towards greater medical reform—may not be altogether devoid of benefit,

I am, Sir, yours, &c.,

October, 1861. SCRUTATOR.

*F. G.*, (Oxon.)—The question of the influence of food upon the intellect admits as yet of only the most vague generalizations. We did not find anything new in the paper alluded to, and our disappointment would appear to have been shared in by others. We may refer our correspondent, *en passant*, to some recent observations by Dr. Cameron in the number of the *Dublin Hospital Gazette* for October 1st instant.

*A Subscriber.*—A short course of private tuition is advisable.

*A Brighton Visitor.*—It is well known that Brighton is one of the worst drained towns in the kingdom. We cannot notice the abuse contained in an obscure local journal. It is only natural that the "galled jade should wince."

*A. B. C.*—Yes, if he be registered.

*Dr. T. Walker* and *Dr. W. Baker.*—The communications shall appear, if possible, next week. The request, in each instance, shall be attended to.

*C. O.*—Yes, the free use of sulphur has been recommended as a prophylactic in diphtheria. What may be its value we know not.

*Nemo.*—It is discussed in Dr. Hyde Salter's work on Asthma.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Ellis; Mr. Bremridge; Dr. Walker, Peterborough; Mr. T. M. Davidson, Barking, Essex; Mr. Henry Thompson; Dr. Hodson Rugg; Dr. Lalor; Mr. Steele; Mr. Pennington; Dr. Waldham; Mr. Watkins, Worcester, (with enclosure;) Dr. Pyle, Ryhope, (with enclosure;) Mr. Haviland, Burnham, (with enclosure;) Mr. Keys, Woolwich, (with enclosure;) Mr. Leet, Portsmouth; Mr. Turner, Newcastle-under-Lyne, (with enclosure;) Mr. Cowan, Melrose, (with enclosure;) Dr. de Chaumont, Edinburgh, (with enclosure;) Dr. W. Strange; Mr. S. L. Gill; Mr. Thos. Smith; Dr. Brinton; Dr. Lawrance; Mr. Napper, Guildford; Dr. Mackenzie, Sidmouth; Mr. Wood; Dr. Ellis; Dr. J. Ince, Umballa; Mr. John Denny; Mr. J. S. Ikin; Mr. Smith, Manningtree; Dr. Nicholson, Holyhead; Dr. A. T. H. Waters, Liverpool, (with enclosure;) Mr. H. J. Jones, Tremadoc, (with enclosure;) Dr. Seward, Caherconlish, (with enclosure;) Mr. T. Baker, Cranbrook; Dr. Wailes, Brighton; Dr. Hodgson; Mr. W. Copney; Dr. Pacchiotti, Turin; Mrs. Baines, Brighton, (with enclosure;) Mr. J. M. Morris, Bursiem; Mr. C. G. Bayley, Oswestry; Dr. R. Cox, Chesham, (with enclosure;) Mr. J. Orrell; Mr. A. Wingate, Liverpool, (with enclosure;) Mr. Griggs, Dodington, (with enclosure;) Dr. Cusack, Nelson, New Zealand; Mr. Jas. R. Lane; Mr. W. B. Woodman; Lex; Dissatisfied; The Pharmaceutical Society; A very Old Subscriber; Medicus; K. T. L.; A Subscriber; M. M., Bursiem, (with enclosure;) M.D.; &c. &c.